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TRUTHS AND THEIR RECEPTION

CONSIDERED IN RELATION TO THE

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TRUTHS AND THEIR RECEPTION,

CONSIDERED

IN RELATION TO THE DOCTRINE OF

HOMŒOPATHY;

TO WHICH ARE ADDED VARIOUS

ESSAYS

On the Principles and Statistics of Homœopathic Practice.

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TRUTHS AND THEIR RECEPTION

CONSIDERED

IN RELATION TO THE DOCTRINE

OF

HOMŒOPATHY.

By MARMADUKE B. SAMPSON.

In the case of each discovery which has yet, through the shadows of old prejudices, struggled into light, the chief argument to prevent its recognition by the masses has always been, that it had not met with the favour of the especial professors of the science or the craft which it promised to elevate or reform. In the face of constant experience to the contrary, the idea that those who have spent long years in acquiring the knowledge of a particular calling will be most ready to welcome the announcement of new discoveries calculated to remove any errors which may exist in connexion with it, and which errors, of course, must have been always instilled into them as truths, is still generally entertained; and, consequently, the first cry against every alteration is, that those who have been educated in the system which it would subvert, are decidedly opposed to its introduction.

"Let me see the medical profession generally

recognize the doctrine, and I shall then think there is something in it," is the common remark that is considered sufficient by the ordinary public to justify a dismissal of Homœopathy. Unfortunately, however, this remark amounts to saying, "Let me see that happen in regard to Homœopathy, which never yet happened under any analogous circumstances, and I shall then feel disposed to give it my attention." It will be conceded as an axiom, that no discovery involving the subjugation of long entertained errors, was ever yet introduced to the world, without having to struggle, step by step, through obstinate opposition; and it is not too much to assert, that this opposition—this never failing roughness, necessary to stimulate infant truth in its growth to an ultimate unassailable vigour—has, *in every recorded case*, proceeded directly from those very parties whose prompt advocacy is, in the instance of Homœopathy, demanded by the public, as a first inducement to their conversion, namely, the orthodox and established professors and ministers of the system to which the new discovery may have applied.

There are two ways of proving this assertion; first, by the ordinary course of reason, which will show that with human nature in its present state it would be out of the question to look for anything else; and next, by selecting at random practical illustrations of its truth, from the history of the various reforms up to which the clamberers from the stagnant fens of finality have toiled in every age,

amidst blows and imprecations, to drag their less active, but more self-satisfied fellow-creatures.

First, then, let us ask ourselves, supposing we had a new discovery to announce to the world, and that our only reason for anticipating opposition was founded on the fact which has been established by all history, that nothing new was ever yet received with unanimous approval, from what quarter would our own mere reflections, without reference to the particular experience of other cases, lead us to look for it? Is it an innate peculiarity of the human mind, in all cases, to dislike novelty, and must opposition therefore be looked for as a regular thing from the world at large? The contrary is universally admitted, and we know, in fact, that the grand pursuit of man, from the cradle to the grave, is to find day by day something new, that shall exalt his hopes, better his condition, and give fresh zest to the exercise of his faculties. The charm of youth chiefly consists in the newness of its emotions, and those cases in which the weariness of age is felt—for there are some who live long, yet never grow old—arise from the neglect of cultivation of the higher powers which with increasing years would open up new and brighter views of the great scheme of the universe. Novelty, therefore, is what we are all seeking; and although the desire for discovery increases in proportion to the finer qualities of mind possessed by each individual, it may be safely affirmed that there is no living creature who is capable

of any emotion at all, but who derives from the pursuit of novelty all that he knows of life. It urges the wanderer to the summit of the hill, to look at the prospect beyond, and sends the aboriginal savage up the tree, to gather a new fruit that may catch his eye. The undiscovered good is the temptation that carries us all upon our road, and when we cease to desire what is new—or, in other words, when we lose the wish to improve—we become mere dead lumber, waiting to be removed.

There is no disposition, therefore, generally on the part of the world to reject what is new, but, on the contrary, novelty is the highest recommendation anything can possess. But although it is instinctively recognized that every new thing, that is to say, every addition to our knowledge, is an increase of our power, it is possible that a novelty may be so repugnantly introduced, as to cause us for a moment to overlook this fact, and to feel nothing but dismay. A cutler, for instance, might invent some new instrument, skilfully conceived to render surgical operations less painful, but if it were first shown to us as an instrument of torture, the mere impulse of the moment would be to wish that it could be destroyed. We may therefore be led to offer opposition to a new truth, simply by the faulty manner of its introduction, and, consequently, when we are about to present a discovery to the world, before we assume that it will be generally and instantaneously welcomed, on the principle that everything new is a gain, we must ask

ourselves whether we introduce it for a purpose that is likely to harmonize with the ordinary current of the world's feelings. If we can answer this point satisfactorily, and are conscious that the discovery is only to be introduced for the professed purpose of conferring upon mankind something that is generally desired, such as an increase of wealth, health, or contentment, we may then indulge the belief, that according to all the calculations of reason, we are entitled, from ordinary minds, to look for nothing but welcome.

Still, however, there is one other point to be considered. Although the love of novelty is inherent in every mind, there is also a faculty common to us all, which is apt to be unduly indulged, and which, when so indulged, acts in a powerfully antagonistic manner to the truth-receiving impulse. This faculty is called by the phrenologists, FIRMNESS, and, apart from its philosophical definition, is very well known to most persons in its form of undue activity, by the familiar term of obstinacy. The necessity of such a faculty has been very clearly demonstrated. It gives the tendency, it has been observed, to hold to any opinions we may have formed, and those persons in whom it is well developed, having once decided upon their course in any given matter, pursue that course to its termination with unshaken constancy. The primary function of the organ has never been very clearly defined, but it appears to admit of explanation thus:—When a question is

submitted to a person for the first time, and he is required to come to a decision respecting it, it is necessary that all the faculties of the mind should operate upon it; to some of them acquiescence may be distasteful, and to others, again, it may be agreeable. He allows each to act, and at length, by the operation of the intellect, decides as to the course which will upon the whole be most agreeable to him. Having thus made his decision, it is the province of Firmness to impart pleasure in maintaining it. It is obvious that a provision of this kind is necessary, as, if it were absent, he would at once depart from the course which he had chosen, whenever the slightest momentary temptation was presented for him to do so, and when there would be no time for him to suffer all his faculties to act upon the point, and to let the reason decide upon its aggregate advantages.

The organ of firmness, therefore, induces its possessor to persevere steadily in his chosen course. When, however, it is unduly developed, it produces that stiff-neckedness which has been so often denounced in the history of the world, and which, unfortunately, is still a predominant characteristic of the human race. It gives, under such circumstances a blind dislike to change of any sort. It stands upon the old ways, merely because they are the old ways, and leads the individual studiously to shun and exclude every light that would render a change of opinion unavoidable. "Nothing shall ever make me believe this—nothing shall ever make me believe

that"—is the constant cry of such persons ; and if, at last, you demonstrate their error, they will make some remark immediately after they have acknowledged your success, showing that they are of the same opinion still, or at least that the old belief is still affectionately regarded as something that it is extremely unpleasant to part with. They do not rejoice at throwing aside error, and substituting truth, but regard the one as an ill-used friend, and receive the other as an intruder.

The final question, therefore, to be considered in all instances is, to what extent our new discovery is likely to meet with opposition from this feeling, and consequently we must ascertain whether the public at large have any settled prejudices on the matter, or supposing this not to be the case, whether there is any section of the public amongst whom such prejudices exclusively prevail. Now, settled opinions such as those which form the stuff out of which prejudices are made, arise from three causes, early education, subsequent habit, and, finally, a sense of worldly convenience, profit, and expediency. For the public at large, therefore, to entertain prejudices on any subject, it would be requisite that such subject should have been mixed up with their education, their habits, and their interests. Hence, on any point which has been equally learned and practised by every member of the community, we should be bound to expect, supposing we were aware of any discovery that would render necessary a modification

of their views, a very general opposition, from the sheer blind impulse of the faculty of Firmness. And this is what is actually observed. The prejudices of classes may be removed or overpowered by the action of the other classes who are able to see the light, but the prejudices of nations are almost irremovable, and to effect any change of general customs, manners, or institutions, it is usually necessary that one entire generation, at least, should pass away.

On all national subjects, therefore, resistance must be expected, even although the reform or discovery we would introduce may not only be ushered in by an appeal to the common love of novelty, but by a statement of beneficent purposes which it is our object it should accomplish. But on subjects which are not national, and which have only been studied by particular classes, of course this opposition will be narrowed down, in proportion to the limits of such classes. No man can have a prejudice on a subject of which he has never heard, or which, supposing it may have been heard of, has never appeared to have any particular interest for him. We might very safely announce a new theory of the laws of colour amongst the merchants on the Royal Exchange, and it is more than probable, that in an assembly of artists, the necessity of a thorough revolution in the existing notions of commercial management might be asserted without the danger of any violent hostility. If, on the other hand, the commercial reformer were to go amongst the merchants, and

the theorist on colour amongst the artists, a very different result might be anticipated.

Recognizing, therefore, that it is only those who have given attention to a subject, that are likely to have any prejudices regarding it, let us inquire as to the particular circumstances under which these prejudices are likely to be manifested with the greatest violence. A man may have given attention to a subject, merely from a general love of inquiry, and in this case prejudice may be supposed to be at its lowest point; although, even here, it is plain he can hardly have dwelt long on any particular train of thought or of investigation, without arriving at some definite opinion—some peculiar structure of his own, built up out of the facts with which he has become stored—and as few things are more cherished than theories of this kind, there will, consequently, be no small conflict, even in the mind of a candid inquirer such as we have supposed, between his disposition to welcome every new suggestion, and his dislike to find that the ingenious fancies which had long held quiet and agreeable possession of his mind, must be summarily dismissed. This, however, is the best case that can be imagined; and if a discoverer should happen to fall in with such a person, when he first ventures to disclose his views, he may consider himself more than ordinarily fortunate. In the next place, there are persons who have studied particular subjects, or who have become acquainted with them through being taught by others, but who do not

practise them professionally. The son of an astronomer, for instance, would imbibe his father's views, and would be apt to accept as family dogmas the conclusions based upon them; and this case would be more difficult to deal with than the first, because, in addition to the pride of opinion, we should here have the effect of education, and the consequent inveteracy of early habit. Thirdly, and lastly, we have those who have not only been strictly educated on a given subject, but who have also adopted it professionally—that is to say, as a means of livelihood. Now, upon this class, what must be the first effect of a new discovery, tending to correct existing errors in the system they have learned? In the first place, they must be prepared to recognize that some of the views, impressed upon them by teachers whom they looked upon as almost infallible, were either wholly dark or mistaken; secondly, they must give up any theories of their own which they may have raised upon the foundations thus laid in their minds, and acknowledge that new men have opened up to them a truth, which all their previous education, study, and practice had failed to set before them; and next, they must be prepared to admit that the mode of practice in which, by their peculiar skill, they may have hitherto attained reputation and fortune, must be abandoned, or modified in a way which will involve the necessity for new study, and the adoption of which must place, at least for a time, those worldly profits in jeopardy, which were previously considered

secure beyond the possibility of disturbance. Will it not be admitted, that a more terrible demand upon the qualities most rare in the human mind—those of teachableness, humility, and self-denial—can scarcely be conceived, and shall we not, consequently, recognize that, apart from a reference to recorded instances, the mere process of unaided reason is sufficient to demonstrate to us, that the severest opposition to all new truths must always come from those whose knowledge, pursuits, and interests have all been mixed up with the studies to which these truths respectively have reference? Imagine the Brahmin who has lived for years in honour and reward, as one who never violated the observances of his faith, and who has preached to the multitude, that to destroy animal life is the most unpardonable of sins, being compelled to demonstrate, by the aid of a microscope, to his obsequious and relying followers, that the remaining half of the fruit he has just partly devoured is covered with countless myriads of active beings, and some idea may be formed of what we mean, when we talk of the readiness of professors to dismiss all preconceived views, and to welcome new ideas with the simplicity of little children.

To apply the foregoing argument to the circumstances connected with the reception of Homœopathy, it merely remains to be pointed out, that on no scientific subject whatever are the general public so little instructed as on medicine, it being the invariable rule of all medical practitioners, and one in which

they present a contrast to almost all other professional men, to discourage everything like inquiry into the peculiar mysteries of their art. The geologist, the mechanician, the astronomer, the chemist, the botanist, and, indeed, each and all of the followers of the other sciences, are only too happy on all occasions to find persons who will talk with them, and endeavour to penetrate into everything they know; but the medical philosopher invariably declines to encourage amateurs of any kind. Whether this arises from a benevolent caution, unknown to the astronomer, or mechanician, or chemist—since a man might do as much mischief by a misapplication of astronomy, mechanics, and chemistry, in attempting to steer a ship, or to open a dyke, or to make an explosive compound, as by a misapplication of the healing art—it is not necessary to inquire. It is enough for our present purpose, to show that the public are generally without any definite views whatever, either on the theory or practice of medicine, and that, consequently, opposition to any new doctrine respecting it is not likely to arise from actual prejudice on their part; and as the announcement of such new doctrine would, in addition to the charm of novelty, commend itself by benevolence, (the two strongest recommendations, as we have shown, that can be presented,) there is, in fact, every reason to believe that they would, under ordinary circumstances, manifest a favourable disposition towards its reception.

Still, it has been observed that, as a general rule

not only do they abstain from manifesting any favourable disposition towards Homœopathy, but that they avoid the discussion of it, with a degree of earnestness amounting frequently to something like bitterness. This, however, although it cannot be accounted for by prejudice against the introduction of a new doctrine in medicine, can easily be explained by the fact, which it is the object of this essay to neutralize, of the hostility of the majority of the medical profession. Although the public entertain no particular prejudice against the definite discovery proposed to be discussed, they entertain a very general prejudice against discussing any medical point whatever, on the assumption, that if it were desirable it should be discussed at all, the members of the profession would long ago have set them the example.

By showing, therefore, as we have done, that in looking for this example they are committing as great a mistake as if they were to look for morning in the west, we shall have achieved the important object of removing their only objection towards commencing an inquiry for themselves.

It is not enough, however, to reason out the point. There are some minds, to whom one practical example is worth more than a volume of argument. Let us therefore take a glance at what is recorded of the early reception and progress of some of the reforms and discoveries which are now universally recognized, and the instances of which may occur to us at random.

First, we may make a selection from the records of moral progress. It can safely be stated that no discovery in practical morality has been of more importance to society than that which exhibited the error of adopting, in the treatment of criminals, an indiscriminate and sanguinary legislation. So recently as 1819, the punishment of death applied to about 150 minor degrees of offence—some of them, according to Sir James Mackintosh, of the most frivolous and fantastic description. As an example, it may be stated that, among the crimes against which this penalty was specified, were "taking any fish out of any river or pond," "injuring of Westminster bridge," "breaking down the head or mound of a fish-pond," &c.; and it was also liable to be enforced against "gypsies remaining within the kingdom one month;"—offences by the side of which "sending threatening letters," "shop-lifting," "horse, deer, and sheep stealing," and "turnpike levelling," appear acts of peculiar enormity, and such as need not be enumerated with surprise, as also involving the same doom. Now, if the argument we have urged in the preceding pages be correct, it will not have been from lawyers or judges that the discovery of the fallacy of this mode of proceeding was first made known; but, on the contrary, we must expect to find that the great argument against those who advocated a better system consisted, as at the present day in the case of Homœopathy, in the fact that

those whose special province it was to investigate and decide upon the matter, were unequivocally of opinion that the new theory would not do, and ought not to be entertained. Accordingly, we find that from the year 1750 downwards, constant attempts were made in the House of Commons to amend the criminal laws, and that these attempts were as constantly frustrated by the Upper House, where the predominance of the law lords has always been most powerful.

When Sir Thomas More, in 1520, first ventured to question the advantage of putting men to death for petty offences, "the lawyers," it is said, "all fell upon him," and charged him with ignorance of judicial affairs; and although it is true that one of his opponents who was most energetic in commending the punishment, and who had just expressed his satisfaction that thieves were then dealt with so severely, that there were sometimes twenty on one gibbet, admitted himself greatly perplexed at the fact that, while so few escaped, there were yet so many left that no place was safe from them, he still maintained that "a different method could *never* be pursued in England, without endangering the whole nation."

In 1813, when Sir Samuel Romilly brought in a bill for abolishing the punishment of death for privately stealing to the amount of 5*s*., Sir Thomas Plumer, the Attorney General, expressed his disap-

probation of it, stating at the same time that he was supported in his opposition by the opinions of *all* the judges, and of the Recorder and Common Sergeant of London. Lord Ellenborough deprecated such discussions, and said he should resist the further introduction of an innovating spirit into our criminal legislation. One member quoted the maxim, *Nolumus leges Angliæ mutari*, and another admitted that "the strongest argument he had heard against the bill was *the opinion of the judges*." At the same time he observed, "it might be remarked that there was a propensity in all professional men to resist every deviation from established usages."

The bill passed in the Commons by a majority of 72 against 34. It was, however, thrown out in the Lords by a majority of nearly two to one. "All the ministers, *law lords*, and bishops," it is stated in the Annual Register, "voted against it."

Again, when in the year 1830 an attempt was made to repeal the punishment of death in cases of forgery, excepting the forgery of wills, it was opposed by the Lord Chancellor, Lord Tenterden, Lord Wynford, and Lord Eldon; and the point most strongly urged against the measure was, that "there could be little doubt infinitely greater weight was due to the experience of these high judicial characters, in a matter with which they had been conversant as the business of their lives, than to the abstract speculations of mere theorists, founded on no satisfactory data." The "mere theorists," however, had gradu-

ally gained the day in all the former cases, and in this they were also destined to find success. The punishment of death has long since been removed from each of the crimes to which we have referred, and with the best results; the legal mind, however, has not altered, and every new amelioration that is proposed has still to encounter the hostility of the profession, and to meet, as in the time of Sir Thomas More, the invariable declaration that the contemplated change can never be adopted, without endangering the whole nation.

Having thus selected an illustration from the highest point connected with moral progress, it may next be appropriate to take one from the history of physical science. In this case, also, we shall make choice of the grandest and most momentous movement which that history presents.

When, in the year 1474, Christopher Columbus matured his theory of the existence of a western continent, his natural impulse in seeking the means to enable him to demonstrate the truth of his conception, was to apply to those who, like the judges in the case of capital punishments, had been "conversant with the subject" of navigation "as the business of their lives," and accordingly he offered his services to the great maritime republic of Genoa. No people at that time in existence were better capable, if the doctrine is to be received, that professional habits and interests are the true things to promote a sound and favourable judgment, of decid-

ing upon the merits of his plan, than the Genoese, and never had anything been presented more calculated to throw lustre on the peculiar science, the cultivation of which, within its routine limits, had rendered them great and famous. The few dry words, however, in which the fate of the proposal is recorded, are, that it was "rejected as the dream of a chimerical projector."

But Columbus was not to be thwarted by this rebuff; and as he seemed, with an infatuation which would have done honour to the present day, to cling to the opinion, that it was from professional men that a professional discovery must be expected to find reception, he next submitted his plan to Portugal, the people of which country also were then amongst "the most experienced navigators in Europe." The king listened to him; and Columbus, with his desire for professional sympathy, must have been delighted, when the matter was referred to the most eminent cosmographers, whom his majesty had been in the habit of consulting, and who had also not only performed the functions of "chief directors of the Portuguese navigation," but had given most attention to the question of the passage to India, which it was the aim of Columbus to discover. But, alas! the record is, that here, again, the prejudices of these persons were sufficient to baffle his success, "since," as it is observed by Dr. Robertson, "they could not approve of his proposal, without the mortification of acknowledging his superior sagacity."

Weary and dejected, Columbus had now gained experience of what he was to expect from those who, according to the views of the world both then and at the present time, must have been the only proper persons to decide upon his scheme. His next act, therefore, was to proceed to Spain, a country which boasted of no eminent navigators or cosmographers, and which had never made any attempts to extend the ancient limits of discovery. Still, of course, Spain was not without professors of these subjects, and to these professors, such as they were, his proposals were again, in the due order of things, submitted. It is unnecessary to add, that they were reported on with disfavour. "If," it was maintained, "there were really any such countries as Columbus pretended, they could not have remained so long concealed, nor would the wisdom and sagacity of former ages have left the glory of this invention to an obscure Genoese pilot." For five years he had therefore to contend, as it has been forcibly remarked, "not only with the obstinacy of ignorance, but what is still more intractable, the pride of false knowledge;" and even at the end of this period, he was destined to meet with a new repulse. From princes, also, of inferior station, one after another, the same mortification was sustained; and it is impossible to doubt that in all these instances the parties consulted, and whose opinions led to the contemptuous discouragement which was manifested, were the individuals most reputed at the respective courts

for their studies and experience on this peculiar subject.

At length, however, Columbus being about to leave Spain, a monk, together with a medical man, who seem to have had no due sense of their presumption in forming an opinion on nautical affairs, and who, feeling satisfied of the truth of his views, were tormented with the idea that some other country would finally secure the honour of their fulfilment, obtained once more for him a hearing at court. Once more, however, the subject was referred to competent persons, and once more, even in the face of court influence, it was reported upon not only as doubtful, but as in some degree ridiculous. Happily, however, the feelings of the queen had been enlisted in the cause. The monk and the physician lived to find that they had been right, and that all the cosmographers and navigators in Europe would have done well to have gone to school to them. The protests of all the authorities, however, were undiminished up to the very hour when the vessels of the adventurous theorist left the shore; and it was only through the womanly enthusiasm of Isabella that he was destined ultimately to announce a new continent to the world.

From these illustrations, selected from the most striking instances of progress in moral and in physical science, it would seem fit now to turn to the records of religious advancement. On this part of the subject, however, it must be unnecessary to expa-

tiate, since every page of that book, whence alone mankind derive all of light they can receive, contains the unceasing story of the pride, stubbornness, and envy with which each new revelation of the divine will was rejected by those who, in the eyes of the people, were especially qualified to be its expounders and ministers. From the period when the sorcerers and magicians of Egypt turned away from the wonders wrought by Moses, or from that when the prophets of Baal, numbering four hundred and fifty men, opposed themselves to the signs and exhortations of Elijah, down to the day when every prophecy was made plain, and all that had been promised was fulfilled, the same terrible features of unbending hostility are shown, varying only by their gradual increase, in proportion as the climax of the truth drew near, until at last, no matter what might be the circumstances presented, they were all, however opposite their complexion, received as food for the malignant passions that had been awakened. "John came neither eating nor drinking, and they said he had a devil. The Son of Man came eating and drinking, and they said, 'Behold a man gluttonous and a wine bibber, a friend of publicans and sinners.'" Throughout the whole history of our Saviour's career, there is scarcely the slightest evidence of opposition to his doctrine, except as it was stimulated by the chief priests, and the Scribes and Pharisees. Indeed, day by day, when these parties sought to lay hands upon him, they were prevented,

because they "feared the people." It was the chief priests who urged the force of authority, that is to say, of "the experience in a matter with which they had been conversant, as the business of their lives," which has since been so often urged by the like-minded of after generations, as sufficient to prevent all inquiry or belief on the part of the multitude. When their own officers even exclaimed, "Never man spake like this man," it was the chief priests who asked, "Are ye also deceived? *Have any of the rulers or of the Pharisees, believed on him?*" It was in the palace of the high priest that the plots were laid for procuring false testimony, and it was this personage who rent his clothes, and who, exclaiming that blasphemy had been spoken, impatiently inquired, "What further need have we of witnesses?" It was from the "chief priests" that the great multitude came with swords and staves, to bring their victim to judgment; and it was by them that Judas was suborned; it being also to their hands that he returned the thirty pieces of silver he had received. Finally, when we read that Pilate, a mere military governor, was able to see that "for envy they had delivered him," and was accordingly disposed to release him; but that "the chief priests and elders *persuaded* the multitude they should ask Barabbas, and destroy Jesus," and that, true to their character to the very last, when Pilate wrote, "Jesus of Nazareth, the King of the Jews," they protested, even amidst the awful signs of that closing scene,

"Write not, the King of the Jews, but that he said, I am the King of the Jews," we have a picture of the uncompromising pride of professional caste, knowledge, and self-interest, perhaps only more sublime than any other ever presented, because the revelation against which it was directed was the highest and most beneficent ever given to our race.

Has human nature wholly changed since that hour, or is it the same in its main features, except the partial improvement it has undergone by the slow progress of the lessons of forbearance and humility which were then sealed? The hearts of all people will at once answer the question. The same spirit prevails, although modified in some by the influence of the Christian doctrine, and it is consequently worse than ignorance or mockery to pretend that at the present day the public should look in the first instance to the high priests of the various departments of knowledge for the reception of such new developments regarding the laws of the universe, as the Creator may in His wisdom be pleased to place before us.

CHAPTER II.

The foregoing chapter will be considered sufficient to demonstrate the invariable course to be expected from all authorities in the case of new discoveries; and to multiply instances would be merely to repeat facts with which the majority of the public have already become fatigued. Still there are many which seem so legitimately within the scope of the present essay, that some reference to them is essential. A reference, however, and nothing more, is all that can be allowed to such hacknied stories as those of Galileo and the Professor of Padua, who obstinately refused to run the risk of conversion by looking through his glass; of Virgilius, Bishop of Saltzburg, who was burnt by his learned contemporaries, for having asserted that there existed antipodes; of the opposition to Peruvian bark, which caused the physicians of Oliver Cromwell to allow him to die of ague, rather than that he should be permitted to take it; of Harvey being lampooned from one end of Europe to the other; of Jenner being the mark for all to hit at; and of Gall finding refuge and dying in a foreign country.

The leading circumstances, however, in connexion with one of these instances of discovery—that of the circulation of the blood have lately been so ably illustrated, in a work which, although professing to be one of fiction, developes in every page the profoundest knowledge of human nature, that it may be desirable to quote from it in this place. In her *Game Law Tales*, Miss Martineau introduces the reception of Harvey's theory, to substantiate the point now contended for, that the opinions of contemporary authorities are something worse than worthless as regards new doctrines. It is in the form of a dialogue, between Lords Holland, Seymour, and Southampton:—

"'One object of Old Parr's going up to court is, that Harvey may study the case, and see if he can gain hints from it for lengthening our lives.'

"'But surely,' said the clergyman, 'it can matter but little what Dr. Harvey concludes and gives out about the case of this old parishioner of mine, or any other case. No one can have any respect for his judgment in the face of the wild doctrine he gives out about the blood.'

"'Does he adhere to that?' asked Lord Southampton.

"'Yes,' replied Lord Holland. 'He will, ere long, publish another tract upon it. It is astounding to see a man, who seems otherwise rational and sensible, lose himself on this one point. There is no making any impression upon him; he persists as

quietly as if all the wise people in the world agreed with him.'

"'Quietly?' said Lord Seymour; 'I thought he was a passionate, turbulent fellow, who thought all the world a fool but himself.'

"'Whatever he may think,' replied Lord Holland, 'he says nothing to give one such an idea: on the contrary, the most amusing, and yet melancholy, part of the business is, his entire complacency. He is so self-satisfied, that nothing can move him.'

"'Dr. Oldham,' said Southampton to the family physician, who sat smiling, while this description of Harvey was given, 'you have looked into this business—this pretended discovery—what have you to say to it?'

"'But little, my lord; it is not worth so many words as have just been spent upon it. There is not a physician in Europe who believes in this pretended discovery.'

"'After examination?'

"'Surely, my lord. Any announcement of a discovery made by the physician whose merits have raised him to Dr. Harvey's post, cannot but meet with attention from a profession whose business it is to investigate the facts of the human frame and constitution.'

"'Then known facts are against him?'

"'Entirely. No point, for instance, is better understood, than that the arteries are occupied by the vital spirits, which are concocted in the left

side of the heart, from the air and blood in the lungs.'

"'And what says Harvey to this?'

"'He controverts it, of course. Neither the opposition of all living physicians, nor even the silence of Galen on this notion of his, has the least effect upon him. It is sad and pernicious nonsense, and ruinous to a man who, but for this madness, might have been an honour to his profession. Of course, his opinions on any subject are of no value now.'

"'In the profession, do you mean, or out of it?'

"'I believe there are a good many out of the profession who listen to him, open-mouthed, as to every professor of new doctrines; but it is an affair in which no opinions but those of physicians can be of any consequence; and as I said, not a physician in Europe believes Harvey's doctrine.'

"'It ought to be put down,' said Lord Salisbury, to which the clergyman gave an emphatic assent, observing that in so important an affair as a great question about the human frame, false opinions must be most dangerous, and ought to be put down.'

"'And how is new knowledge to fare, when it comes?' said Lord Southampton. 'By my observation, Dr. Harvey's notion is so following the course that new knowledge is wont to run, that I could myself almost suppose it to be true. It has been called nonsense; that is the first stage. Now, if it be called dangerous, that is the next. I shall amuse

myself by watching for the third. When it is said there is nothing new in it, and that it was plain to all learned men before Harvey was born, I shall know how to apportion to Harvey his due honour.'

"'I thought, my lord, you had held my profession in respect,' said the physician, with an uneasy smile.

"'Am I not doing homage to a most eminent member of it—perhaps the most eminent in the world?' said Lord Southampton; 'and it appears that I am rather before than behind others in doing so. There is no man, not even the greatest, who may not stand hat in hand before the wise physician; and I for my humble part, would do even so.'"

The above sketch individualizes the entire class who have formed the subject of our present remarks, and every one will at once recognize the portrait, from having met with the original, and heard his very words applied, at one time or another, to such new views, and such expounders of new views, as may have awakened their interest and advocacy. We might here, therefore, close these considerations, were it not for the circumstance that, as all the illustrations which have been given refer to periods which have long passed away, some readers, even while they admit that the human nature which was thus manifested 50, 300, or 1800 years back, was the same human nature which, although improved, is now manifesting itself in the world, might be disposed, in the absence of all citations of modern

examples, to estimate unduly the progress which has been made. This reason renders it necessary, therefore, to pause a short time longer, while we glance at the experience of our own times.

It is now not above five years, since a surgeon at Wellow, Notts, gave to the medical world a full and careful detail of the fact of a capital operation having been performed on the person of a labouring man in the hospital of that place, while in a state of entire unconsciousness, produced by certain manipulations which had been resorted to for the purpose. The evidence of the whole proceedings was complete and unquestionable. The man exhibited no emotion, "his whole frame rested in perfect stillness, not a muscle or nerve was seen to twitch," and on being gradually awakened, after the operation, he merely exclaimed, "I bless the Lord to find it's all over!" A lucid statement of the entire case, accompanied by all necessary certificates, was then forwarded to the Royal Medical and Chirurgical Society of London, and read before that body. A discussion ensued, and the man was pronounced to be an impostor. There was no previous imputation on his character; he had been brought down for many months to the prospect of the grave, by what he and his attendants had believed to be a mortal disorder, so that there must have been every tendency to an earnest state of mind, and his averment, that he had "suffered no pain," instead of producing him any advantage, must have deprived him of all that applause, usually so agree-

able to persons of his class, which would otherwise have been bestowed upon him for his unflinching firmness in the ordeal he had passed. The Royal Medical and Chirurgical Society, however, were satisfied that he was an impostor, because there had been a total absence of all movement; and it was contended by them, that even if the man had been as insensible as was represented, certain reflex movements of various muscles would still have occurred, as a matter of course. The sole reward of the benevolent surgeon, therefore, in making the process known to his colleagues, was simply to find himself regarded as a dupe, or perhaps as an accessary to a deception, and with this the matter ended.

Notwithstanding the warning thus held out, however, to other inquirers, not to attempt, if they valued their reputation, any similar experiments, it appears that several were daring enough to do so, and reports were occasionally furnished to the public, of the extraction of teeth and the performance of other excruciating processes, without any sense of suffering on the part of the respective patients. At length a Dr. Esdaile, in India, announced the performance, not merely of one or two, but of a complete series of operations of a most painful kind—chiefly the removal of tumours—upon diseased patients in a state of unconsciousness, in the gaol infirmaries and hospitals at Calcutta, which led to a committee being constituted by the Indian Government to report upon the results of his method. This was followed by the

establishment of a Government hospital, especially under Dr. Esdaile's superintendence, and the final result of many months of continued and public success was his receiving, at the hands of the authorities, the appointment of Residency Surgeon. Meanwhile, however, these facts had stimulated an American physician to attempt the discovery of some palpable agent that should produce instantaneously, and with unvarying certainty, the effects which Dr. Esdaile and others had demonstrated, and which the Medico-Chirurgical Society and the profession, as a body, had so recently denounced as mere delusions, caused by trickery, and impossible under any circumstances. Hence the discovery of the anaesthetic properties of ether by Dr. C. J. Jackson, of Boston, in America, followed by the introduction of chloroform, by Dr. Simpson, of Edinburgh; and as the effects of these were so immediate and palpable as to put contest out of the question, the consequent recognition was unavoidable, that the state which was boldly asserted by the profession to be so inconsistent with nature, that any supposition was more reasonable than that it could be true, was producible by simple and well known agents, the power of which we might imagine far less potent than that of one human being acting by sympathy on another.

Not to press too hardly on the medical profession, however, let us turn to other cases of reform, affecting very different classes.

It will be remembered, that about two years back

a decided expression of public opinion took place, on the question of military discipline and punishments, in consequence of the death of a soldier having rapidly ensued after the infliction of 150 lashes, by order of a court-martial at Hounslow; and that the agitation thus aroused led to the number of 50 lashes being fixed as the limit to which such sentences should for the future be allowed to extend. The force of popular feeling had seemed to render it probable that the entire abolition of this degrading mode of upholding those "noble qualities" of the British soldier, which form so frequent a theme in the British parliament, would be unavoidable; and it was only with difficulty the ministers contrived to put off this consummation, and to pacify the advocates for reform by the concession above mentioned, coupled by general assurances of a strong desire ultimately to grant all that was demanded. But it was by public opinion alone, that is to say, by the opinion of merchants, doctors, clerks, shopkeepers, mechanics, farmers, labourers, and private gentlemen, as opposed to the opinions of military officers, "who were conversant with the subject, as the business of their lives," that this great concession was obtained. From the earliest military records, down to the very hour at which the amelioration in question was adopted, the fear of the possibility of such a step had been constantly present to the military mind, and predictions and protests of the most alarm-

ing description had always burst forth at every mention of the matter.

Up to the year 1807, any number of lashes could be inflicted, but at that period a private of the 54th regiment having been sentenced to receive 1500, his Majesty, George the Third, was "graciously pleased,"—to use the words of the general order promulgated on the occasion,—"to express his opinion that no sentence for corporal punishment should exceed *one thousand* lashes."

During the war, the punishment was so frequent in the British army, that it was estimated by Major Macnamara to have been sustained by at least three-fourths of the soldiers in every regiment; and in 1812, it was stated that the mean number of lashes inflicted monthly in a regiment then serving in India, was for some time 17,000. These facts attracted attention, and provoked discussion in the House of Commons, and it was solely owing to such discussions and the efforts of the press, that the practice became moderated in the slightest degree. The opposition raised by military men to permitting any consideration of the question was such, that it was remarked on one occasion, when Sir Francis Burdett brought forward a motion with respect to it, that "one would have supposed he had been proposing to do away with some great known blessing—something containing within itself the means of affording health, or plenty, or security." And in 1842, Lord Stanley,

then Mr. Stanley, expressed his conviction, that if the matter had been left to military men, flogging would have been continued to that hour in full force. A large proportion of the officers of the army, it is remarked in the excellent work of Mr. Marshall on the system,* "seemed to be so well satisfied with the efficacy of corporal punishment, however degrading and injurious it was popularly admitted to be, that they rarely considered the practicability of moderating its severity, diminishing its frequency, or of suggesting an adequate substitute. Corporal punishment was considered the *sine qua non*, without which the discipline of the army could not be maintained. 'I am not the least surprised at this opinion,' says Lord William Bentinck; 'I must not forget that for many years of my life, *in conjunction with ninety-nine hundred parts of the officers of the British army*, I entertained the same sentiments. It is only from long reflection, from the effects of *discussion*, from the observation that since that time, though corporal punishments have diminished a hundred, perhaps a thousand-fold, discipline has been improved, and the soldier treated like a rational being, and not as a mere brute, that my own prejudice and that of others have given way.' At one time," Mr. Marshall adds, "the efficiency of an officer to command seemed to be estimated by his disposition to inflict corporal punishment. 'I understand

* The Military Miscellany. By Henry Marshall, F.R.S.E. Deputy Inspector General of Army Hospitals. London. Murray.

you have got a new commanding officer,' said an officer of one regiment to that of another; 'how do you like him?' 'We like him pretty well,' answered the other, 'only he does not flog enough.'"

When at length, in 1812, public opinion had succeeded so far as to cause a limitation of the number of lashes in the power of a regimental court-martial to 300 instead of 1000, the effect it produced on some military authorities was such as completely to overpower that which, in such characters, is usually considered to be the grand idea of life, namely, implicit subordination. "One officer," says Mr. Marshall, "with whom I was acquainted, and who belonged to the same regiment as myself, swore that he could not, and would not, comply with the order." Throughout all the struggles made against the system, it has been well observed, the arguments adduced by military officers in Parliament bore a close affinity to those with which a Spanish Inquisitor once endeavoured to justify the system pursued by that tribunal. "Do not imagine," said he, "that we take pleasure in *auto da fés*. Oh, no! it is by far the most painful part of our duty. But how can ecclesiastical discipline be carried on without it? Gentlemen *who are not themselves versed in the department over which we preside*, are not competent judges as to the expediency of leaving the power in our hands, without which it would be altogether impracticable to maintain due subordination, and anarchy and confusion would infallibly prevail."

The motives of the parties advocating a mitigation of corporal punishment were traced to "an active and persevering desire to innovate upon the customs of the country, and to establish a corrupt popularity with the unthinking part of the community, if not to sap the discipline of the army, and thereby to remove the last bar to the introduction of democracy, and its consequences, anarchy and devastation." Since that time, however, we have seen the 1000 lashes reduced to 50, and none of these consequences have been fulfilled. It has turned out, that on the subject which had been the business of their lives, the military prophets were wrong, and that, as in the case of the cosmographers and navigators of the days of Columbus, who showed themselves less capable of forming a judgment on nautical science than a physician and a priest, it would have been better if they had submitted with docility to learn the most important lesson connected with their profession, from the arguments of the shopkeepers and others composing the general public, to whose will they were at length forced to succumb, and the correctness of whose views they are now compelled to acknowledge.

Passing from military men and their prejudices, we may turn for our next modern illustration to a very different class.

Previously to the year 1844, the state of the banking laws in England had been a constant topic of complaint. Scarcely a year passed, in which some distresses of the country were not traced, and in many

instances with perfect justice, to the total want of any sound principle in the regulation of the paper currency of the kingdom. Each banking establishment was guided by its own judgment of what was practicable or prudent, and the consequences were a constant state of uncertainty as to the extent of the note issues that might take place from time to time, totally destructive of all possibility, on the part either of bankers or merchants generally, of calculating with precision what might be the condition of the circulation at any given period, or under any given circumstances. In this state of affairs, the very expediency of permitting a paper currency at all was not unfrequently questioned, since it was contended that the advantages of economy and convenience which it was calculated to bestow, were more than neutralized by the sad revulsions which were constantly the result of the capricious manner in which the issues were conducted, and which, rendering impossible any exercise of foresight on the part of the trader, often confounded the careful and the improvident in one common ruin. The question, therefore, was, whether the safety and steadiness of an entirely metallic circulation were not such as to render it worth while to forego the economy and the convenience resulting from a mixed one.

At this period, Mr. Samuel Jones Loyd put forward a plan, by which the paper circulation might be retained, and brought within definite laws, which should cause it to operate in *precisely* the same

manner as if the currency were entirely metallic, and by which the trader would be rendered able to calculate invariably, and with the minutest precision, what would be the state of the money market from time to time, under the ordinary course of commercial events. To look at the state of supply and demand between the products of his own and of other countries was already his natural function, and Mr. Loyd's plan rendered it certain that, if he would fulfil this duty for himself, it would be impossible for the future that he should be thrown out in his calculations by any unlooked-for disturbance of the circulating medium. The discovery—for like every exposition of a perfect principle, simple as it was, it deserved that term—commended itself to the practical shrewdness of Sir Robert Peel, and accordingly, in 1844, he adopted it as the basis of the long-desired reform in the currency system of the country. It need hardly be said, however, that, like every other measure of advancement, it was destined to meet an active and formidable opposition; and perhaps, after what has already been written, it is still less necessary to add, that this opposition proceeded almost entirely from the bankers of London and their connexions, and that the strength of all the subsequent arguments against the measure was derived, as a matter of course, from this very circumstance, and consisted, as usual, in the phrase we have already so often repeated, that the opinions of those who were practically familiar with the subject, and the

large majority of whom had decided against it, were entitled to far more weight than the abstract speculations of mere theorists.

Another important illustration, from a recent source, suggests itself. About ten years back, Rowland Hill broached his plan of post office reform, which, for simplicity and ingenuity, may also take its place in the actual records of discovery; and in this case the fact is too well known to need repetition, that the adoption of the measure was actually forced on the Government by public opinion, against the most energetic protests and the most persevering obstacles, placed in its way by the post office authorities, who were "conversant with the subject, as the business of their lives," whose opinions were received with the usual weight on this very score, and who could actually have had no personal motive to resist the improvement, except such as was furnished by professional prejudice, since it placed their official position in no danger whatever, and would merely have involved on their part a variation from the peculiar routine to which they had been hitherto accustomed.

A further example, which it will be interesting and instructive to add, may be given as follows.

For the last three years, Captain Maconochie, an officer in the navy, who acted some time back as superintendent at Norfolk Island, has been endeavouring to force upon the attention of the Government a system for the treatment of transported cri-

minals, which he terms the "mark system;" and which it was earnestly desired by the friends of progress might be adopted. The feature of this plan consists in regulating the duration of the prisoner's sentence solely by the nature of his conduct. It proposes that, instead of being sentenced for a specified term of years, he should be sentenced according to the enormity of his offence, to earn a certain number of "marks," which are in fact to represent wages. For each day's labour, according to its quantity, and as it might be well or ill performed, he would receive payment in these symbols, and thus in proportion to his diligence he would accumulate the means of shortening his detention. Here is a constant stimulus to exertion, calculated to beget permanent habits of cheerful industry; but it will be seen that something more is required to insure that the offender shall have learned those habits of self-control which alone can render him fit again to encounter the temptations of the world. To meet this point, Captain Maconochie urges that the criminal should be required to pay out of his earnings, in marks, for his food and all indulgences he may require, and also that he should be fined in marks for every offence he may commit. It is even proposed, and upon good reasons, that he should be permitted to purchase tobacco and spirits, and other fancied luxuries upon the same terms; every instance of drunkenness or intemperance of any kind being visited with a heavy fine.

In this way, he never would be able to escape from the law until he had gained the power of resisting temptation; because, in proportion as he might expend his marks upon these indulgences, he would prolong the time of his imprisonment. In Norfolk Island, Captain Maconochie tried this plan amid every kind of opposition, but, nevertheless, with the most striking results; and, apart from practical experience, it would be difficult to conceive any system more perfectly adapted to secure the protection of society, by rendering it certain that no convicted criminal shall again enter its bosom, until satisfactory evidence has been afforded that he may be safely trusted.

But although these views, on their announcement, were favourably received by the most practical and eminent philanthropists, and apparently also by those members of the Government to whom they were submitted—more especially as every so-called preventive or reformatory system, based upon opposite principles, had without exception resulted in total failure, the expensive and much-boasted experiment at Parkhurst having been the last bitter disappointment—they were not destined to receive a trial until at all events they should have overcome the usual obstacles from those who have made the subject their entire professional occupation. The system had been tried, as has been stated, at Norfolk Island by Captain Maconochie on his own responsibility, and amidst all the difficulties that the absence of any

permanently recognized power on his part, and the resistance of old employés were capable of throwing in his way, he still obtained results that amounted to a practical demonstration of the soundness of his theory, while it was also ascertained that an establishment founded on an analogous principle at Mettray, near Tours, had exhibited, after prolonged experience, a further and most astonishing confirmation of its value. Under these circumstances, it may well be conceived there was only one thing strong enough to prevent a trial of the system, and that that was professional prejudice. A fair and deliberate trial was all that was contended for, and its promoters were willing to see it granted, in the first instance, in any establishment and under any limitations, as regards magnitude or expense.

In deference, however, to the universal delusion which it has been the object of these pages to upset, that those who had been engaged for years in practising a recognized system were the best persons to decide if that system should be altered, the proposition is understood to have been submitted by the Government—themselves favourably disposed—to the inspectors of prisons for a report on its expediency. That report, it is scarcely necessary to say, was as a matter of course unfavourable, and the trial therefore has been deferred. That it will one day be adopted, few persons who possess the logical faculty, coupled with a belief in the doctrines of Christianity being

ultimately extended from Sunday repetition to week-day practice, will be disposed to doubt; but meanwhile, the report, which was probably worded after the fashion of that of the cosmographers and navigators of the days of Columbus, namely, that the proposition submitted was "not only doubtful, but in some degree ridiculous," will have the effect of prolonging for a considerable period the present modes of management, all of which have failed ever since the world began, and which are avowedly deplored as the opprobrium of civilization.

The same thing was observed in the case of the treatment of lunatics; and although Dr. Conolly in England, and Dr. Woodward in America, have succeeded in demonstrating to the world the effects of that "soothing system," which at first was never spoken of by their colleagues in the profession—especially those who were exclusively devoted to this branch, except with a taunt, their success was achieved amidst such obstacles as only men devoted to the cause of humanity would have had the constancy to undergo.

The opposition to the new doctrines regarding the navigation laws is at present being carried on almost exclusively by those who, as large ship-owners, have been conversant with navigation as the business of their lives, and the chief public demonstration against the proposed reform was made by the seamen, who would be most benefited by an alteration, but whom it was presumed the public would, according to old

impulse, look upon as practical authorities. In like manner, there is an opposition going on to sanitary reform, and to the removal of Smithfield market, in the face of the most energetic manifestations of public opinion, on the part of those civic functionaries, the business of whose lives it has professedly been to judge of the wants, capabilities, and welfare of the city of London.

The catalogue of illustrations might be lengthened to any extent, but enough has probably been said to induce in the mind of the reader sufficient doubt as to the infallibility of what is usually called authority, to prevent him for the future from voluntarily loading its chains upon that best gift he has received from his Creator, the power of examination and free judgment.

Yet notwithstanding, it may thus have been made plain, that the opposition of professors or craftsmen is always to be expected, in a general sense, in the case of any discovery or improvement bearing upon their respective systems, we must still recognize that this applies, as a rule, only to the majority—the routine followers, in short, of established things—and that amongst every body of men there are earnest and original minds, capable of struggling against the thraldom of their conventional usages, and of boldly showing that they have arrived at that height of knowledge, which has taught them how much they have to learn, and with what humility and thankfulness they should receive new light.

It would, therefore, be a serious error, if a non-professional investigator were led to disregard, in any given case of vaunted discovery, a long-continued, entire, and unanimous condemnation on the part of the instructed members of the profession to which it may apply. Such a condemnation might fall upon any truth, no matter how sublime, in a first general outburst, but it could not continue. Before the doctrine had long been published, some Nicodemus would come by night to receive its lessons, and gradually a small band would gather in its defence; a band, moreover, which would steadily increase, through evil report and good report. If circumstances of this sort, therefore, are wanting in any individual instance of an alleged new truth, we may feel pretty certain that it will turn out no truth at all; and although even in this case we should not be warranted, if we had leisure, in forbearing to examine for ourselves, it would take away much of the urgency of reproach for any temporary delay.

Having commenced this general essay, with the final view of pointing out its applications, especially to the doctrine of Homœopathy, and having, it may be hoped, established the point contended for, that the public are not justified in neglecting an examination of that system, on the ground that it has received professional opposition, unless it could be shown that such opposition has been permanently unanimous, it now, therefore, remains for us to inquire whether the system has, from time to time, received that proportion

of courageous individual support, which we have admitted may in all such cases fairly be looked for. This inquiry will consequently form the subject of a third and concluding chapter.

CHAPTER III.

THE earliest instances of Homœopathy being received with respect by accomplished Allopathists, are to be found amongst the physicians of the Continent, the system, which was first promulgated in 1796, not having been introduced into England till about the year 1827. Amongst the most prominent of these examples, the following have been collected and quoted by Dr. A. Gerald Hull, of New York.*

Germany.—HUFELAND, the venerable patriarch of medical science in Germany, has conceded the existence of merit to the system of Hahnemann, whose first Essay on Homœopathy was published in his Medical Journal, and for whom he acknowledged the highest personal respect.

The success of a Homœopathist, Dr. Stapf, in curing Egyptian opthalmia among the soldiery in the garrisons of the Rhine, attracted the attention of the Prussian Minister of War, who solicited him to visit Berlin, to take charge of its military hospitals, Lazareth and La Charité. He accepted the invitation, and officiated to the entire satisfaction of the minister. Hufeland, who introduced Stapf to the assembled company of La Charité, then paid him a deserved personal compliment, and at the same time expressed these impartial views respecting the homœopathic system :—

* *The Homœopathic Examiner,* Vol. I. No. 1.

"Homœopathy seems to me to be particularly valuable in two points of view; first, because it promises to lead the art of healing back to the only true path of quiet observation and experience, and to give new life to the too much neglected worth of symptomatology; and secondly, because it furnishes simplicity in the treatment of disease. The man whom I have the honour to present to you is not a blind worshipper of his system. He is, as I have learned with joy, as well acquainted with the entire science of medicine, and as classically educated as he is well informed in the new science. I have discovered in him an amplitude of knowledge, clearness of mind, and a spirit of tolerance, which last is the more worthy of notice in him, as it is not to be found in all the Homœopathists."

France.—Broussais, the founder and champion of the celebrated "Doctrine Physiologique," which has produced such a marked revolution in the practice of medicine, advised in his public lectures, delivered in the Ecole de Médécine at Paris, that impartial trials should be made, before Homœopathy should be judged or condemned, concluding his address with words that are honourable to his candour and philanthropy. "Many distinguished persons are occupied with it. We cannot reject it without a hearing. We must investigate the truth it contains!" He proved the sincerity of his advice, by instituting a series of experiments on his own person, and in general practice, which were only interrupted by his lamented death.

Italy.—The venerable Professor Brera, who holds a distinguished rank among the Allopathists of Italy, has uttered opinions of Homœopathy with fearless liberality, which demand a careful perusal. In his *Antologia Medicale*, he thus writes:—"Homœopathy is decried by some as useless, and by others as strange; and though it appears to the great majority as ridiculous and extraordinary, it can nevertheless not be denied that it has taken its stand in the scientific world. Like every other doctrine, it has its books, its journals, its chairs, its hospitals, clinical lectures, professors, and most respectable communities to hear and appreciate. *Nolens volens*, even its enemies must receive it in the history of medicine, for its present situation requires it. Having attained this rank, it deserves, by no means, contempt; but, on the contrary, a cool and impartial investigation, like all other systems of

modern date. Homœopathy is the more to be respected, as it propagates no directly noxious errors.

"If Homœopathy proclaims facts and theories which cannot be reconciled with our present knowledge, this is no sufficient cause as yet to despise it, and to rank it among absolute falsities. Woe to the physician who believes that he cannot learn to-morrow what he does not know to-day! Do we not hear daily complaints of the insufficiency of the healing art, and are not those physicians who honestly suspect the solidity of their knowledge the most learned, and in their practice the most successful? Such sentiments have undoubtedly induced most of the German physicians to study Homœopathy, and to conquer their aversion to the new doctrine. Let us always recollect, that the greatest discoveries have given origin to the most violent controversies; witness the examples of Harvey, Galileo, Newton, Descartes, &c."

America.—VALENTINE MOTT, justly the pride of American surgery, imbued with the becoming liberality of an unprejudiced and noble mind, visited Hahnemann during his first sojourn in Europe. Instead of denouncing this venerable philosopher as the conceptionist of a puerile and useless theory, he has had the moral courage to speak of the master spirit of modern medical history in the following language:—"Hahnemann is one of the most accomplished and scientific physicians of the present age."

Professor James M'Naughton, of the Western Medical College of the University of the State of New York, and late President of the New York State Medical Society, in his annual address before the Society, made an avowal of sentiments that were inspired by the pure spirit of philosophy. To these the attention of the physicians he alludes to is emphatically directed.

"Generally speaking, they have at once pronounced the whole subject absurd—a delusion—or a gross imposition upon public credulity. Now, is this the proper mode of treating it? Is it philosophical to call anything absurd, professing to be founded on observation and experiment? If it be false, it should be proved so by showing that facts do not warrant the premises or the deductions drawn from them. It is possible the homœopathic reasoning may be erroneous—it is possible the medicines may act as specifics, like the vaccine virus, and that the mode of action may be altogether inexplicable in the present state of our knowledge.

We are therefore more interested in determining the correctness of the alleged facts, than in that of the theory offered to explain them. Many of these facts are of such a kind as admit of easy examination, and can be readily proved or refuted. Whether Homœopathy be true or not, it is entitled to have its claims fairly investigated. The object of the profession is to ascertain the truth; and if it should turn out, that in any disease the homœopathic remedies are more efficacious than those known to the ordinary system, they ought unquestionably to be used. It will not do for the members of the profession to wrap themselves in their dignity, and to call the new system absurd, without further inquiry. The history of the profession presents many lamentable instances of the obstinacy with which errors have been clung to, and improvements resisted."

In addition to the above statements of eminent men who were practising Allopathy at the time these opinions were expressed, Dr. Hull quotes a long list of distinguished continental practitioners who had openly renounced the old system. In some of these cases the after testimony is remarkable, from the energy with which it is given :—

"During a quarter of a century," observes Dr. Schuler, an eminent allopathic physician of Stollberg, in Germany, "I had followed the banner of Allopathy. I had employed much time and money in studying its frequent transformations, without finding a thread which could guide me in the labyrinth of medicine; without power to unravel the mystery by which cures were effected. It is assuredly to our ignorance of the virtues of medicines, and of the proper mode of using them, we must attribute in a great measure the ravages of disease. These thoughts besieged my mind and embarrassed my views, in spite of my attention to the letter of the law prescribed by the masters of the art, and I was forced to quit the beaten track, and follow an unknown path. But in wishing to avoid one rock, I fell upon another. That I might escape from this perplexity, I had for a long time devoted much

attention to Homœopathy, but the cry of reprobation which rose against it, and the apparent paradox of many of its principles, especially that of the infinite small doses, turned me from the study of it, and retained me a faithful adherent to the old method. But my doubts and my fidelity were finally strongly shaken, and it was *experience* which produced this effect."

Again, Dr. Mühlenbein, State Councillor, Physician to the Duke of Brunswick, and Knight of the Order of Guelf, writes thus at the conclusion of a long and successful career:—

"I have been a Doctor of Medicine for fifty years, during the first twenty-five of which I practised allopathically, and with success, if I may presume to judge by the public reputation conferred upon me; but I assure you that I owe daily oblations to my Creator for an allowance of sufficient years to become convinced of the truth of Homœopathy. Indeed, it is only since I have practised Homœopathy, that I have been satisfied of the utility of any system of medicine, and have acquired information by which I could repair errors I committed in allopathic practice, from want of *absolute* knowledge.

"These are my views of Homœopathy, which I communicated some time since through Stapf's archives, but having nearly attained the limits of my existence, I reiterate to you that I am more than ever convinced that Homœopathy is the only true mode of restoring the sick to health, and that permanent health."

To these statements, quoted by Dr. Hull, an abundance of others remain to be added. Among the earliest persons who contended in England for a fair hearing of the doctrine, were Dr. Uwins and Mr. Kingdon, both practitioners of high repute. Dr. Uwins publicly urged before the London Medical Society, that Hahnemann was worthy of the thanks of the profession, for his unwearied industry in ascer-

taining the properties of medicines; and he also averred that, from cases which had come under his own observation, the system was one that was not to be put down with derision, and that it would eventually overcome all opposition.* For this, however, Dr. Uwins was assailed as a madman, and there is every reason to believe that, being of a sensitive and refined nature, his death, which took place shortly afterwards, was accelerated, if not caused, by the conduct he experienced from his colleagues. About the same time Mr. Kingdon read a paper before the same Society, of which the following report appeared in the *Lancet*:—

The observations that I am willing to offer on a subject which cannot fail to be interesting at this period, may not, in themselves, prove worthy of your attention, and therefore I shall take pains that they be not lengthily tedious.

My most profitable business is with gentlemen in the city, whose object it is to have their maladies attended to, if possible, without interference with their usual avocations,—men whose minds are enlarged by education and occupation,—whose habit is industry, and whose fortune is the profitable occupation of their time, equally removed from the indolent and luxurious, who readily catch at novelty for amusement, and the ignorant, and unlettered, who are easily caught by any appearance of mysticism. Such men as these have been requiring me, for the last eighteen months, to try, as they called it, "Homœopathy," at which I only smiled incredulously, and, I fear, contemptuously. The reiteration of such applications, however, and from men in whose judgment and veracity I had confidence, seemed to demand from me some investigation of the subject; and, desirous to set about it in the most fair way, I sought an introduction to Dr. Quin, of whom I had heard most honourable report.

* *Lancet*, 15th Oct. 1836.

Of that gentleman I am desirous to say, that, after a rather close intimacy of some months duration, I esteem him as most honourable, candid, and gentlemanly, highly educated, with too much intellectuality easily to deceive himself, and too much honour to deceive another.

From Dr. Quin I learnt the almost inconceivable minuteness of the homœopathic doses of medicine, and felt more strongly the impossibility of any effect whatever being produced by them. A dose of medicine not cognizable by any of our senses, and by itself so minute, that the mind cannot conceive the space that would be filled by it, cannot, by possibility, be supposed capable of producing effect. In this place the naked absurdity, as it must appear to all who have previous knowledge, should be pointed out, since, if any good arise out of this system, it must be such as is competent to overcome all pre-conceived notions of the proper use of medicine. The 20th part of the decillionth of one-eighth of a drop of the expressed juice of a recent plant! What mind can bring itself to consider such a quantity? What finite can comprehend such an infinitessimal? Who can wonder that men, believing that they knew anything of disease or remedies, should sneer at such a proposition, as that this dose should control an active and violent disease, and continue its action for weeks? I could hardly respect that mind which could grant credence to such a proposition without experimenting for itself. No more can I respect those feelings which would characterize as knaves or fools a large body of industrious individuals, rather than take the trouble to investigate into the truth of their assertions.

Among the medicines with which Dr. Quin favoured me, was "matricaria chamomilla," the dose being the twentieth part of a quadrillionth, by dilution of a drop of the essential tincture. This tincture is made by mixing equal parts of the expressed juice of the whole plant with an equal quantity of spirits of wine.* This being permitted to stand for one day, the clear liquor only is poured off, as the essential tincture, leaving the albumen and fibrine which might have been expressed with the juice. Thus I consider the essential tincture to contain only one-

* The matricaria chamomilla is gathered while in flower, from June to August. The root, stalk, leaves, and flowers, are bruised together, after having been cleansed from impurities.

third of the juice of the plant. Amongst other virtues attributed to this medicine, was the relief given in tooth-ache, where there was inflammation of the jaw and cheek, and where relief was temporarily obtained by putting cold water in the mouth. At this time I had a gratuitous patient, with greatly inflamed jaw and swollen face, much constitutional fever, constipated bowels, and intense head-ache, for which I had prescribed an active antiphlogistic and aperient mixture. She came to me in three days, relieved from the fever, constipation, and head-ache, but declaring that she could get no sleep, from the acute pain in her jaw, which was still much inflamed. I directed her to avoid such diet as I had been taught was likely to act as antidote to the medicine, gave her a dose of the chamomilla, to put into her mouth at bed-time; and though I do not see gratuitous patients more than twice a-week, told her to come to me on the next morning, when, if she were not better, I would order something else. She did come the next morning, and told me that she had slept all night, and felt that she was getting quite well. I laughed, attributed the relief to my antiphlogistic mixture, and thought the medicine lucky to have been so opportunely given. This case, however, told nothing against the medicine.

On the same night I went into the country by mail, it being Saturday, and returned on Monday, at eleven o'clock. I found Mrs. Kingdon suffering from inflammation of the jaw, and such acute pain, that she had had no sleep for two nights. She had been putting cold water into her mouth, constantly, as it relieved her while cold. Forgetting the new medicines, I was about to order leeches and fomentations, when it occurred to me to ask her if she would try "a chamomilla?" "Anything, anything," was her reply, "for I shall go mad if this pain continue." I found some patients waiting, and attended to them, thus occupying nearly an hour, when I was informed that Mrs. K. was getting worse and worse, and must be attended to. I sent her a chamomilla powder, which she applied to her gum, not having been directed what to do with it. I saw her in half an hour; she was free from pain, but had that peculiar feeling which is usually present after severe pain. She almost wished to have the pain again, to try whether a little powdered sugar would not have an equally good effect. I again laughed, and but that there was evi-

dent inflammation, should have considered it one of those sudden subsidences of pain which we occasionally experience.

It here becomes necessary to state the mode of administering the medicine. Small globules, composed of sugar-of-milk, are permitted to absorb the tincture, diluted to the state in which it is used, and from forty to sixty of these small globules are requisite to absorb one drop, of which two globules are generally the dose. These are so small, that they would be lost by themselves, and, therefore they are implicated in a little powder of sugar-of-milk, or, in lieu of this, a little sugar and starch. The powder containing these globules is placed on the tongue, and, without effort, gradually swallowed with the saliva which dissolves it. Chamomilla has appeared to be productive of the most satisfactory relief in many cases of irritation from teething in children. After several restless nights, a good night has succeeded the taking of a "chamomilla," and the child has been relieved on the following day. Diarrhœa in children, while they are teething, has subsided, and the state of the bowels has become comfortable after taking chamomilla.

A gentleman, who had what he called a "constitutional diarrhœa," for he was never from home without laudanum in his pocket, and all treatment had previously failed except as to temporary relief, told me that he was better after I had given him chamomilla than he had been in his recollection before, and begged a powder to carry in his pocket, instead of the laudanum. About a month after this, I met him in the street, and he told me that he had not since been inconvenienced by the diarrhœa. I have since learnt that, on going to Leamington, he had a fresh attack, but I have not seen him.

A physician in the country gave his child, a boy about three years old, rhubarb and soda, three times a-week, to keep in check irritable bowels. I advised him to give "a chamomilla." He did so, two months ago, and the child has not been dosed since.

A poor man brought me a letter from the country, requesting me to say if I thought anything could be done for him, and if so, if I would have the goodness to try to benefit him—the writer, a lady, would see that he was supplied with such dietetic aid as I might direct. He came staggering into my room like a drunken man, spoke, looked, and in a manner moved something between

that of an idiot and that of one who was drunk. He was very deaf, and had been in this state for between four and five years, when, as he said, he had "St. Anthony's fire in his head," and the doctor told his wife that he could not live,—that he had been under many doctors, had had setons, issues, blisters, &c., applied, without any good effect resulting,—that he was originally a jobbing gardener, but now could do nothing in that way, as his head was always turning round, and he was for ever tumbling down.

I thought I would try the "do-nothing" medicines; made no promise, except to attend to him, if he came according to my directions, and claimed the lady's assistance to procure him simple nutriment. In about ten days he came, saying he was better, which was fairly attributable to better diet and the excitement of a new doctor, to get to whom he had the difficulty of seven miles to overcome. In the course of treatment for vertigo, I gave him "a phosphorus," one-twentieth of a decillionth. In a fortnight he returned to me, in great joy, saying, "I am sure I am better now, sir, for the last medicine has cured my deafness." I stared, and referred to the Hahnemannic account of phosphorus, and found that it there professed to be one of the proper remedies for deafness. I state this just as it occurred. I kept no note of the case, except this point. I have bungled on with the man, whom I saw yesterday, after an absence of a month; he says that his head seems almost well, that he got repeatedly wet, and took cold, which caused pains in his limbs, but did not affect his head, and that his head is "a different thing." At all events, the man appears to be a "different" man, and for the sake of having my eye upon him, I am giving him what Hahnemann calls an "antipsoric." I noticed no particular point in this case, except the almost sudden cure of deafness after phosphorus.

The antiphlogistic depended upon in general inflammatory affections, and therefore, I believe, given at the commencement of almost all inflammatory fevers, is the expressed juice of the aconitum napellus, in 8-illionth or 10-illionth dilution. Thus, at the commencement of scarlet fever, aconite would be given, and repeated in four, eight, or twelve hours, as might appear necessary, though, as I shall explain, one dose may be enough. As soon as the tongue, or the throat, or the skin, demonstrate the certain

character of the disease, belladonna, in 10-illionth dilution, is given.

A gentleman called on me, late at night, to visit his child, who seemed suddenly to be taken with some serious illness. He had for some time wished that I would permit myself to be considered his medical adviser, which I had declined, as out of my usual practice, though this sudden call could not be parried. I found a boy, four or five years old, who had given some proof of indisposition in the early part of the day, with a stinging heat of skin, a pulse strong and unnotable, a tongue clammy, and sticking to the roof of his mouth, and so far delirious as to require some time to effect his recognition of his mother and nurse. I inquired if any disease was in the neighbourhood, and if any particular illness was suspected. Scarlet fever was the disease suspected, and, so far as I could judge from former experience, particularly from the unfortunate experience of my own family, had commenced with excessive violence. I ordered calomel and tartarized antimony, my favourite medicine at the commencement of diseases of children, when threatening to be serious. I thought the child so ill, as to require seeing early in the morning, and when I arrived, I found that the bowels had been relieved, and also the stomach, but the skin, the pulse, the tongue, and the mental aberration, were rather more alarming than on the night before. He had passed a wretched night. I gave an aconite, and saw the patient in about five hours; the improvement was amazing; the skin was comparatively comfortable, the pulse 96, the tongue easily moveable in the mouth, and the mind calm. Some red points on the tongue, and some thickness in the throat, together with some efflorescence on the skin, seemed to prove the correctness of diagnosing scarlet fever; but the case was mild at this time. The patient was seen again at night; the tongue had become redder, and the efflorescence had increased, but the child was comparatively comfortable. "A belladonna" was left, to be given in the night, should the affection of the throat, or any other symptom, become aggravated. I saw the child again early next morning, for I felt the heavy responsibility of acting upon a new plan. The belladonna had not been given, the child had had a quiet night, though, from the breathing, and the sound of the voice, I thought the throat a little more obstructed. I gave the belladonna. The

efflorescence increased sufficiently to demonstrate scarlet fever. The throat became slightly enlarged at its exterior, but the child complained of nothing further, except weakness in its limbs. It took plain nourishment, it played with toys upon the bed, and passed its nights comfortably, applying to its nurse once or twice in the night for toast-water. The bowels, after the action of calomel and antimony, became sluggish, but no general bad symptom resulted. In about eight days from the commencement the child desired to get up, and, though weak, for a while amused itself about the nursery as usual. In this case, as the chief relief of symptoms was accompanied by the appearance of efflorescence, there was reason to think that the calomel and antimony, though not immediately producing benefit, placed the patient in a state to go through the disease mildly.

About the time of this patient's getting well, I was called (late at night also) to another boy, about ten years old, of full habit, living in the same house, but not of the same family, he being a pupil in the school, and boarding with the master of the house, who is one of the masters of the school. The symptoms of this boy were equally violent; the wandering of the mind was rather greater, and as I had acquired more confidence, and intended to visit again early in the morning, I gave an aconite. The report in the morning was, that in about half-an-hour after taking the powder, he ceased rambling, became comparatively cool and quiet, went to sleep, his sleep lasting all the night, except that he occasionally awoke, quite sensible, and asked for toast-water. The guttural sound of his voice was more evident, and some efflorescence became apparent. He had "a belladonna," and the same quiet state of recovery became established. This boy had, after the fourth day, two globules of bryonia alba, of the 10-illionth dilution, dissolved in eight doses, taking one night and morning, as I fancied the existence of something like continued fever after the subsidence of the eruption. This patient had no other than the Hahnemannic medicines.

Another boy, of about six years old, brother to the first, was attacked, and became so well in a few days, after taking "an aconite" and "a belladonna," that he got up, and, the weather being fine, was permitted to take an airing on Putney Heath and Wimbledon Common. Two days after this he became feverish, and

his throat again enlarged, and, being a child of great nervous susceptibility, his symptoms assumed the character of a slight attack of chorea. For the throat, "a mercurius," of the quadrillionth attenuation, was given, and was succeeded by amendment. After this, "a bryony," in eight doses was commenced, but only three doses were given, in consequence of his complaining of excruciating head-ache, and I did not feel quite at ease with my new remedies. This boy did not recover from the effects of the relapse, until he went to the sea-side.

Two girls, the one aged between eight and nine years, and the other between three and four, of the same family, had scarlet fever, and recovered, taking only aconite and belladonna; but the experience of the former case guarded them from the danger of relapse.

Thus, five cases of scarlet fever in the same house, two of them as violent at the commencement as any I ever saw, got well, after taking the Hahnemannic medicines. Belladonna, preceded by aconite, is considered to be a specific cure for true inflammatory quinzy, and I waited some time for an opportunity to try it, until one morning, as I was leaving home, a gentleman of the legal profession called on me to do something for a sore throat, which had caused him to awake, on the night before, shortly after he had gone to sleep, and he had been getting worse ever since; he said that he could not swallow without great pain, and could scarcely speak, and yet he had business of great consequence to attend to at Wesminster on the next day. He had considerable head-ache, his pulse was full, and had I not been hastening to an appointment, I certainly should have bled him, not thinking it right, in so pressing a case, to venture on what was to me an entirely new plan of treatment. The throat was extensively inflamed, and both tonsils projected to the size of two large nutmegs. I directed what should be his diet, at which he smiled, being, as he said, incompetent to swallow anything. I put "an aconite" on his tongue, and gave him "a belladonna" to take four hours after, and requested that, if I did not call upon him by seven o'clock, it then being nearly one, he would send to me. About seven o'clock I called upon him, and found him writing. He told me that he had been getting better ever since I had put the powder into his mouth; that he had taken not only some plain

mutton broth, but was able to eat some of the mutton, and though his throat felt "very queer," he was "quite a different thing." The only difference I noticed in the throat was, a considerable diminution in the intensity of the redness. I directed that if again worse in the night, he should send for me, and, at all events, let me hear from him early in the morning. At eight o'clock on the next morning I received a note, saying, that he had passed a good night, was about to take a good breakfast, and would call on me in a few minutes, on his way to Westminster. He did call, and I found his throat much altered in colour, but still swollen. I advised that he should be very careful, and let me see him every morning. I did not see him for five days, when I called upon him. Jocosely hiding his face, he told me that he had something else to do than call upon me when he had nothing the matter with him. His throat had assumed a natural and healthy appearance.

Coffee, of the millionth dilution, is one of the Hahnemannic sleeping potions, and sleep has succeeded its administration, but in those cases only where its absence seemed to arise from wandering or restlessness of the mind. A young clergyman, who had been striving for a lectureship, after he had preached his probationary sermon, lost his power to sleep. He went to the sea-side, and fancied that by staying too long in a bath he had got a dull, heavy, head-ache. In this state he came to me, giving evidence of a much over-wrought mind, complaining of dull head-ache, and total want of sleep. I feared the consequences. I dreaded active treatment. I encouraged him, directed his diet for the day, and gave him "a coffee" to take at night. He came to me on the next day; he had slept well. He had another "coffee," and came to me on the second day after, leaving one day without a visit. He had slept both nights. His head-ache was much relieved by sleep, but he was not well. He was weak, and his bowels were torpid. I gave him some pills, containing quinine, and a little compound of extract of colocynth. They did him no good. In about three weeks after his first application, his sister called on me, to state that her brother's forgetfulness was alarming, that he would ask the same questions five or six times over in the same evening, that he would leave the house for the purpose of doing something, and being questioned on his return, would have forgotten for what purpose he left the house. In this state I saw him, and having

been disappointed in my favourite pills, I again referred to my books, and there read that phosphoric acid, of the trillionth dilution, was given for forgetfulness. His sleep had again failed him in part. He had another "coffee," followed by a good night, and on the following day he took phosphoric acid. I saw him four days afterwards; he declared himself to be better, and had been able on the previous day, Sunday, to arrange his business, and pursue it systematically, which he had not been able to do for many Sundays. Ten days afterwards I saw his sister, who informed me that "she thought him getting quite himself again." Phosphoric acid is said to continue its action during forty days. Coffee has never even appeared to be followed by sleep, where the want of it was evidently produced by disease or pain.

A young woman, about twenty-five years old, consulted me, with a hard tumour occupying the right side of the abdomen, and producing an enlargement, giving her the appearance of a woman in the last months of pregnancy. I treated the case with iodine, and with much improvement and diminution in size. After three months' treatment I lost sight of her for more than six weeks, when she returned, as large as at first, saying, that she had been very ill, and that her doctor had told her it was inflammation of the womb. This being the second case where inflammation of the womb had seemed to be produced by the use of iodine, I was cautious in my future treatment, and made no way. The most troublesome symptom was the almost impossibility to get the bowels to act, and after trying every variety of purgative, I sent her to Dr. Quin, with whom I had just then become acquainted, telling him that if any of his medicines would act upon her bowels, I should be more than half a convert. He replied, that he did not expect the infinitessimals to overcome mechanical obstructions, but that he should commence the treatment of such a case with sulphur, of the billionth reduction, given two nights following, and then one common dose, divided, by mixture, into eight doses, taking one every night. Strange to tell, the woman's bowels began to act on about the fourth day, and continued regularly to act, daily, for several weeks; when, to my no small astonishment, no hard tumour could be felt through the parietes of the abdomen. I lost sight of her for some time, when she returned, because her bowels would not act, and up to this period no

hard tumour is to be felt externally, but on examination by rectum and vagina, there is considerable pressure made on both by what I have no doubt is the remains of the original tumour. This woman believes that she was born with the tumour, as she never remembers being without it.

The wife of an unfortunate and unengaged clergyman brought to me a delicate boy, nine or ten years of age, the only one she had living of several children. He had been for some time a patient of Dr. Pearce, and was brought to me on that gentleman's retiring from practice. He had a pale face, bad digestion, morbid appetite, and a hard tumour occupying the whole space from the right hypochondrium to the pelvis, with a constant pain across the loins. I did all that I could to improve his health. I tried different preparations of iodine for the tumour, and after some time applied the emplast. hydrar. c. ammoniaco. The health improved slightly, but the tumour rather increased, and seemed to project a little at one part. I sent him to my friend Mr. Macilwain, who, when I was surgeon to the City dispensary, (he being surgeon to the Finsbury,) had coalesced with me, so that we consulted each other in all interesting cases occurring in either dispensary. My friend's prognosis was unfavourable, as mine had become after some month's trial, and although he suggested some judicious mode of treatment, I determined to avoid any trials founded on our unfavourable opinion, and commence the treatment with Hahnemannic sulphur, having a recollection of the woman's tumour. The boy took two globules of a billionth of sulphur at night. Two globules dissolved in eight doses, he taking one every night, so that a repetition was required on every ninth night. His health improved amazingly, and he had been taking this medicine for about six weeks, when, on the approach of the Midsummer holidays, the mother informed me that she could take her son into Yorkshire, for the vacation, as the saving in board would pay the expense of travelling, if I thought there was no danger of his being seriously ill without my being near enough to be consulted. I advised the change by all means to be adopted, and supplied medicines to continue the ninth-day repetition until his return. He returned without his tumour. I sent him to my friend, who, I learnt from the mother, was so astonished, that he requested her

to give him as clear an account as she could of the proceeding. The boy continues well.

A gentleman called on me one morning, saying that he was very ill, that he suffered great pain from constipation, lost large quantities of blood, had constant pain and weight at his stomach, and felt so oppressed and weakened that he could hardly walk to and from his place of business, and when there, was incompetent to attend to it. I directed his diet, and gave him "a nux-vomica," two globules of a decillionth. In three days he said that he felt better. In nine days he repeated the nux-vomica, and five days afterwards called on me to say that he was never better in his life. Nux-vomica is a favourite stomachic medicine, where there is weight and the sense of oppression at the scrobiculus cordis, constipation, and disposition to piles.

Cases in which I have given the Hahnemannic medicines without being able to note any sequence, are about as numerous as those cases in which I have observed them, but it is fair to say that such cases are those in which other medicines had failed, and also fair that I should say that, if any Homœopath were to ask me if I had taken all the pains which they bargain for in the selections of the medicines—I had not. The trouble is immense, and I have grown idle.

Notwithstanding all the trouble required, it is my present belief that it is well worth while to take it; and after what I have seen, or, if you please, what I have fancied I have seen, I feel that it is the duty of every medical man to look into it, for it is certain, either that a number of cases do better without medicine than with, or that these unimaginable doses of carefully-prepared medicines do impress the nerves so as to influence the actions of life.

Hahnemann is, in my opinion, deserving our greatest respect. His careful, tedious, and somewhat dangerous experiments on himself and others, which produced his "Materia Medica Pura;" the knowledge of antidotes which has arisen out of these experiments; the belief that the actions of medicine continue much longer than has hitherto been supposed, and the suggestion that much smaller doses than have been usually given are competent to produce effect, are matters which are calculated to prove highly

beneficial, even if his system of "similia similibus" fail, or the long direction of his mind to one subject has caused him to pass into a state of fatuity as to the infinite dilution of his medicine.

I desire this statement of cases and observations to be considered, not as a recommendation of the general practice of Homœopathy, of which I know so little, but as an offering to a body of gentlemen (the London Medical Society), from an individual who, having long enjoyed their society with profit and delight, is desirous long to continue that enjoyment, and who will always endeavour to practise, and deserve the products of, gentlemanly feeling.

At the close of this paper, one member of the Society rose "to put an end to so unworthy a discussion."—"He thought there was something shocking in an old and respected member of the Society speaking of 'lancets in future rusting in their cases.'" Another thought the theory so wild, that it ought to be wholly discountenanced by the Society. "Had some persons brought it before them, they would have been charged with seeking a temporary popularity; but this could not be suspected of Dr. Uwins and Mr. Kingdon, who were well known and esteemed; but he hoped that what those gentlemen had said on the subject might be placed on record, in order that in after times they might look back on what he thought they would then consider to be a folly." Another member objected to the system, because it was alleged to be founded solely "on the results of experience, and therefore reasoning on its operations went for nothing." Another said that "he thought all Homœopathized patients were cured by nature;" another, that "he did not believe in it;"

and another, that "it was, in short, all humbug;" and although three members, Messrs. Headland, and Dendy, and Mr. Leonard Stewart, were bold enough to protest against this mode of dealing with the matter, Mr. Kingdon, in return for his straightforward narrative, was only saved from a severe reproof, (in the shape of a strong condemnation of the Hahnemannic doctrines, which was moved and seconded,) by a tacit understanding being come to, that the subject should never again be mooted in that assembly.

Notwithstanding this blow, however, coupled with another, about the same time, from the Westminster Medical Society, where Homœopathy was pronounced without dispute to be "a tissue of absurdities, offensive to common sense, the wild, visionary, and ridiculous theory of a German enthusiast, too absurd to merit anything like argument, and practised by its disciples only from sordid motives," Dr. Sigmond, in his Lectures on Materia Medica and Therapeutics, was honest and fearless enough shortly afterwards to refer to Hahnemann in the following terms:—

"I have to speak to you of a man of high intellectual attainments, of great sagacity, of inflexible courage, and of unwearied industry; who, amid difficulties of no common kind, has laid the foundation of a system, which, whilst it cannot but create a few smiles at its singularity, is the work of great erudition, much toil, and striking ingenuity. We must not confound HAHNEMANN with those despicable charlatans who would sacrifice at the altar of avarice the lives and the happiness of thousands, who prey upon their deluded victims by the most daring and insolent effrontery, who have neither the education nor the feelings of men of principle, and whose success in their vile occupation is a reflection on

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the state of society. The great acquirements of Hahnemann, the boldness with which he promulgated his doctrine, the skill and the fierceness with which he has carried on his arduous controversies, mark him as a man of no ordinary stamp. * * * In 1820, new persecutions drove him from the town of Leipzic, but Ferdinand, Duke of Anhalt Köthen, offered the illustrious exile an asylum at his residence, and received him with the distinction which his perseverance, his consistency, and his talents, so justly entitled him to enjoy."

Another testimony, no less creditable to the candour of its author, was given in a well known work, called *Austria and its Institutions*, by Mr. W. R. Wilde, M.R.I.A., the talented Editor of the *Dublin Quarterly Medical Journal*:—

"The present state of Homœopathy in Vienna," he observed, "next claims our attention; and although I neither advocate that doctrine, nor slander its supporters, I deem it but the part of truth and justice to lay the following statement before my readers.

"One of the cleanest and best regulated hospitals in the capital is managed on the Homœopathic plan. The following circumstances led to its erection:—The rapid spread of this mode of treatment in Austria, and the patronage it received from many noble and influential individuals in that country, attracted the attention of the government several years ago, who, with their characteristic jealousy of innovation, then issued an order, forbidding it to be practised. As, however, this had not the effect of suppressing it, but as it seemed rather to gain strength from the legal disabilities under which it then laboured, it was determined, in 1828, to test its efficacy in the military hospital of the Josephinum. With this view, a commission was nominated, consisting of twelve professors, all of whom, it is but fair to observe, were strenuously opposed to the Homœopathic doctrine. Dr. Marenzeller, a veteran Homœopath, and a contemporary of Hahnemann's, was appointed as the physician; and two members of the commission always attended him during his visit, and at the expiration of every ten days reported the progress of the cases under

his charge. The only part of the report published was that of Drs. Jæger and Zang. It contains a very brief outline of the cases and their treatment, and expresses the surprise of these eminent professors at the happy issue of some of them. The commission, however, as a body, came to the conclusion, that from the results obtained from their investigations, it was impossible to declare either for or against Homœopathy. One of the twelve, however, subsequently stated his conviction of the efficacy of the system from those trials, and has since remained an open adherent of it."

After giving an account of the establishment of the hospital, and a detail of its internal arrangements, Mr. Wilde proceeds—

"In 1834, Dr. Fleischmann, the present physician, was appointed; and in 1836, this hospital, along with all the others in Vienna, was ordered to be fitted up for the reception of cholera patients.

"Dr. Fleischmann agreed to continue his charge, on the condition that he was to be permitted to adhere to the homœopathic plan of treatment. To this the government assented; and two district physicians (Allopaths) were appointed to report upon the nature of the cases taken into this hospital, as well as to observe their course and treatment.

"Upon comparing the report made of the treatment of cholera in this hospital, with that of the same epidemic in the other hospitals in Vienna at a similar time, it appeared that, while two-thirds of those treated by Dr. Fleischmann recovered, two-thirds of those treated by the ordinary methods in the other hospitals died. This very extraordinary result led Count Kolowrat (Minister of the Interior) to repeal the law relative to the practice of Homœopathy, although with that inconsistency which not unfrequently distinguishes the Austrian government, it at the same time enacted the strictest prohibition of all the works in favour of the system being published in Austria."

Mr. Wilde gives an analysis of the cases treated

at this homœopathic hospital during a series of years, and then goes on to say—

"Whatever the opponents of this system may put forward against it, I am bound to say, and I am far from being a homœopathic practitioner, that the cases I saw treated by it in the Vienna hospital were fully as acute and virulent as those that have come under my observation elsewhere, and the statistics show that the mortality is much less than in the other hospitals of that city. Knolz, the Austrian *protomedicus*, has published those for 1838, which exhibit a mortality of but five or six per cent., while three similar institutions on the allopathic plan, enumerated before it in the same table, show a mortality as high as from eight to ten per cent."

Again, another author, Dr. Millingen, in his *Curiosities of Medical Experience*, after relating six remarkable cases in which he had tested, and found most unlooked-for benefit from, homœopathic remedies, put forward the following:—

"But the facts I am about recording—facts which induced me, from having been one of the warmest opponents of this system, to investigate carefully and dispassionately its practical points—will effectually contradict all those assertions regarding the inefficiency of the homœopathic doses, the influence of diet, or the agency of the mind; for in the following cases, in no one instance, could such influences be brought into action. They were (with scarcely any exception) experiments made without the patient's knowledge, and where no time was allowed for any particular regimen. They may, moreover, be conscientiously relied upon, since they were made with a view to prove the fallacy of the homœopathic practice. Their result, as may be perceived by the foregoing observations, by no means rendered me a convert to the absurdities of the doctrine, but fully convinced me, by the most incontestible facts, that the introduction of fractional doses will soon banish the farrago of nostrums that are now exhibited to the manifest prejudice both of the health and the purse of the sufferer."

At the conclusion of his experiments, Dr. Millingen adds :—

"I could record many instances of similar results, but they would of course be foreign to the nature of this work. I trust that the few cases I have related will afford a convincing proof of the injustice, if not the unjustifiable obstinacy, of those practitioners who, refusing to submit the homœopathic practice to a fair trial, condemn it without investigation. That this practice will be adopted by quacks and needy adventurers, there is no doubt; but Homœopathy is a science on which numerous voluminous works have been written by enlightened practitioners, whose situation in life placed them far above the necessities of speculation. Their publications are not sealed volumes, and any practitioner can also obtain the preparations they recommend. It is possible, nay, more than probable, that physicians cannot find time to commence a new course of studies, for such this investigation must prove. If this is the case, let them frankly own their utter ignorance of the doctrine, and not denounce with merciless tyranny a practice of which they do not possess the slightest knowledge."

Dr. Fletcher, also, in his *Elements of General Pathology*, gave testimony as follows :—

"Every day's experience furnishes us with examples of the truth of the homœopathic doctrines, at least in some instances, the several substances operating in producing and curing each its own class of diseases, sometimes directly, and at others indirectly, or by sympathy. Do we not continally give *purgatives* in the cure of diarrhœa? as is erroneously supposed, for the purpose of carrying off some offending matter, the presumed cause of the discharge; and how often is *aloe*, one of the most common causes of piles, a means of effectually removing them when already present? Among the diuretics, also, cantharides, as well as the turpentines and balsams, are not more effectual in removing gleet and catarrh of the bladder when present, than they are, under other circumstances, in occasioning them; and among the diaphoretics, *tartar emetic* has, according to our personal experience,

excellent effects in stopping a diaphoresis, effectual as it is, as everybody knows, when no such affection exists, in exciting it. The sweating sickness was treated formerly by diaphoretics. Further, among the tonics, *cinchona*, the chief remedy of intermittent fever when present, is said to be capable of producing this when not; and it was, indeed, from noticing this effect upon himself, that Hahnemann was first induced to prosecute and systematize the theory in question. Tartar emetic, also, in large doses (when it is rather to be considered a tonic, than either a nauseant, a diaphoretic, or a sedative), which, as every one knows, is one of the most efficacious means of combating inflammation in general where it exists, is almost equally sure to produce it when it does not. But the medicine which is most illustrative, in its various operations, of the truth of the homœopathic doctrine, is *mercury*. The occasional effects of this mineral in producing laryngitis, iritis, ptyalism, and numerous other inflammations and their consequences, are abundantly well known; and what remedy is so effectual in removing, as generally acknowledged, the two former, and, as not long ago proved by Duncan and others, the latter also. Nay, the effects of mercury in curing lues venerea are dependent probably on its power, when no such disease exists, of producing one, if not identical with it, certainly very similar in its specific effects upon the throat, skin, bones, and other organs, to the one in question. Lastly, among the narcotic medicines, the effects of alcohol in removing, as well as exciting delirium tremens in all its degrees, have been alluded to, and are sufficiently well known. But not only medicines, but other remedial agents, furnish equally conclusive evidence of the truth, in certain cases at least, of the homœopathic doctrine. Thus, what is the blacksmith's remedy, when he has scorched his finger? is it not, holding it again to the fire, for the purpose, as he expresses it, of drawing out the heat? And what is Dr. Kentish's treatment of burns in general? is it not by heated oil of turpentine, and other stimulant applications, for the purpose, as he presumes, of bringing the inflamed part gradually, not suddenly, down to the line of health? This is not the true explanation of the benefit so derived, but the benefit is, nevertheless, unquestionable. Again, the occasional effects of *electricity* in removing amaurosis, palsy of the tongue, &c., are no less certain, than that these diseases have often resulted

from the same cause; and its effects, in either producing or removing nervous apoplexy, according to circumstances, were beautifully illustrated, on one occasion, by the late Dr. Currie, who found that by passing an electric shock through the head of a rabbit, he could alternately stupify and revive it, for an almost indefinite number of times. * * * * Upon the whole, Hahnemann's book is an original and interesting one, and displays more reflection in every page, than many of his decriers will evince in the whole course of their life and conduct for half a century."

In harmony with the foregoing remarks, the following also appeared in the *Therapeutique* of M. M. Trousseau and Pidoux :—

"Experience has proved that a multitude of diseases are cured by therapeutic agents, which seem to act in the same direction as the cause of the disease which they are employed to combat."

In 1840, Professor D'Amador, of Montpellier, in one of his lectures, remarked,—

"Gentlemen,—Now that we have come to this point, you would naturally demand what judgment I have formed respecting the practical and theoretical value of this doctrine (the homœopathic). Practically, Homœopathy is one method more to be added to the existing methods, but a method generally superior to all the others. It is another, but more direct way, and one we can pursue with greater rapidity, safety, and even facility; and if you will allow me to make use of a comparison not destitute of justice, I find in the new medical system some analogy with those rapid paths opened by modern industry which will astonish future generations, after having excited the amazement of contemporary generations; these new paths do not obliterate the ancient ones, but they lead us more quickly and better from one point to another; they act more quickly or better in less time. This is the condition of each successive discovery. Homœopathy, in the great majority of cases, admirably fulfils this condition of each competitor.

"Theoretically, Homœopathy is for us a doctrine congenial to vitalism; I may say, it is vitalism itself broadly applied to thera-

peutics. This new system of therapeutics applies directly to the vital forces in order to cure the disease, as the vital pathology studies those forces, in order to form a conception of its formation. The doctrine of vitality has always professed this great principle, that the vital forces being the original source of the disease, it was above all things necessary that the agent which was to destroy the morbid modification, should act on these same forces. In order to discover the complete truth, and to snatch the glory from Germany, the vitalism of Montpellier had only to find the mode of disengaging medicinal agents from the living forces that concealed them; and this is what Hahnemann has done by his grand principle of the attenuation of substances. By this great and beautiful discovery, he has vastly enlarged the sphere of vitalism, and what is more, he has thereby given to this doctrine a practical foundation beyond all cavil."

Shortly after this, Professor Henderson, of the University of Edinburgh, was led, as he states, "by the information that the practice had been embraced by well educated and intelligent men in almost every country in Europe, as well as in America," to ask himself if, as a matter of duty, he was not bound to undertake a deliberate examination of its claims. He accordingly instituted a series of trials, an account of which he published in 1845, accompanied by the following avowal:—

"For my own part, I have no difficulty or hesitation in declaring that the result of the treatment in these cases, as a whole, has been decidedly superior to what I have ever witnessed in my previous experience;—of which I may be permitted to say, that it has been neither inconsiderable, nor, in so far as I have learned, different from that of others who enjoyed the same advantages."

Amongst later avowals of eminent Allopathists, regarding the claims of Homœopathy to a respectful

examination, the most prominent and satisfactory have been from Dr. Forbes, Physician to the Queen's Household, and Editor of the *British and Foreign Medical Review,* the late Dr. Andrew Combe, Physician in Ordinary to the Queen, Dr. John Wilson, Inspector of Naval Hospitals and Fleets, and M. Marchall, one of the Examiners of the Faculty of Medicine in Paris.

Dr. Forbes admitted, with regard to Hahnemann, that—

"No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man. He was, undoubtedly, a man of genius and a scholar; a man of indefatigable industry, of undaunted energy; surpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice. It is but an act of justice also, to admit that there exist no grounds for doubting that he was sincere in his belief of the truth of his doctrines, and that many at least among his followers have been, and are, sincere, honest, and learned men.

While, as respects the system, it was allowed that—

"Homœopathy is an original system of medicine, as ingenious as many that preceded it, and destined probably to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art, than have resulted from any promulgated since the days of Galen himself. By most medical men it has been taken for granted, that the system is one not only visionary in itself, but that it is the result of a mere fanciful hypothesis, disconnected with facts of any kind, and supported by no processes of ratiocination or logical inference. And yet nothing can be further from the truth. Whoever examines the homœopathic doctrines, as enounced and expounded in the

original writings of Hahnemann, and of many of his followers, must admit, not only that the system is an ingenious one, but that it professes to be based on a most formidable array of facts and experiments. * * We think it impossible to refuse to Homœopathy the praise of being an ingenious system of medical doctrine, tolerably complete in its organization, tolerably comprehensive in its views, and as capable of being defended by feasible arguments as most of the systems of medicine which preceded it. * * As an established form of practical medicine—as a great fact in the history of our art—we must, *nolentes volentes*, consider Homœopathy. * * Not only do we see all our ordinary curable diseases cured in a fair proportion under the homœopathic method of treatment, but even all the severer and more dangerous diseases, which most physicians, of whatever school, have been accustomed to consider as not only needing the interposition of art to assist nature in bringing them to a favourable and speedy termination, but demanding the employment of prompt and strong measures to prevent a fatal issue in a considerable proportion of cases." *

By Dr. Combe it was observed :—

"Let us scout quacks and pretenders as we may, Homœopathy presents too strong a *prima facie* case to warrant our dismissing it with ridicule and contempt. * * *As a matter of theory*, supported only by argument, Homœopathy produces no conviction whatever in my mind of its truth, or even of its probability ; but *as a question of fact*, claiming to rest 'on the irresistible ground of its superior power of curing diseases and preserving human life,' and on the alleged experience of able and honest men, as competent to judge as most of those who oppose them, I cannot venture to denounce it as untrue, because I have no experience bearing especially upon it to bring forward, and we are still too ignorant to be able to predicate, *à priori*, what may or may not be true in the great field of nature. After the presumptive evidence which has been produced, if I were now in practice, I should hold myself bound without further delay to test its truth, by careful and extensive experiment." †

* *British and Foreign Medical Review*, Jan. 1846.

† Ibid. April, 1846.

The remark of Dr. Wilson concerning Homœopathy, to which we have alluded, occurs in his *Medical Notes on China*, published in 1846. Speaking of cases of common atmospheric cholera which fell under his observation, he states—

"In the cholera cases, the doctrine of the Homœopathists, *similia similibus curantur*, is partly admitted. Whatever may be thought of the theory on which the practice is founded, there is no doubt that the practice is often highly beneficial. At the invasion of many febrile affections, involving important organs, and leading, if not speedily arrested, to dangerous, perhaps destructive lesions of those organs, it often acts with an absolutely curative effect."

The avowal of M. Marchall on the subject occurred during the examination of a candidate for the degree of Doctor of Medicine, before the Faculty of Medicine in Paris, 27th July, 1847. The thesis of the candidate was a comparison of the effects of mercury on the healthy individual with the symptoms of syphilis; and the homœopathicity of the medicine having been shown, M. Marchall congratulated the candidate on his mode of treating the question, and said—

"He only regretted that, in place of referring to one medicine in particular, the question had not been put in a more general manner. He should have liked to have heard a discussion on this subject, viz. Is the law of similarity the true and absolute expression of the fact of specificity? He wished other candidates would frequently give an opportunity to the Faculty of discussing those important therapeutical questions, for he was desirous of stating, that we found nothing satisfactory on this point in the usual course of instruction."

He afterwards added—

"*With regard to specifics and their action, all we know we owe to the works of Homœopathists;* in those of physicians commonly called legitimate, from Hippocrates to our own time, we find absolutely nothing."

Finally, the most recent, and one which will probably be considered the most striking instance of a clear and manly acknowledgment of the facts of Homœopathy from an Allopathist, is furnished in the case of the late Mr. Liston. Mr. Liston died on the 17th of December last, and in the obituary of the *British Journal of Homœopathy*, published on the 1st of January of the present year, the following biographical letter appeared from Dr. Quin, which, on account of its freshness and the high degree of interest felt by the public and the profession in all that relates to the remarkable person of whom it treats, may be advantageously quoted entire.

"Gentlemen—The medical profession has sustained a great loss in the sudden death of one of its most distinguished ornaments. As a personal friend, and a great admirer of Mr. Liston, I am desirous of recording some facts in your valuable journal, connected with the career and opinions of that most accomplished surgeon and enlightened practitioner. The prominent position which he had so long occupied among the most eminent medical men in Europe, as a great pathologist and most scientific and successful operator, would in itself be sufficient warrant for my occupying your pages with a slight sketch of his biography; but when your readers are informed that during a period of upwards of twelve years of close professional intercourse, I had many opportunities of directing Mr. Liston's attention to the doctrines and practice of Homœopathy, and that his enlightened mind not only comprehended, but was keenly alive to many of the advantages of the great discoveries of Hahnemann, and to the benefits to be obtained by

prescribing some of our medicines according to the law of *similia similibus curantur*—I feel certain that they will pardon my encroachment on their time, and that their interest in the man, and deep regret at his death, will be greatly increased.

" Mr. Liston was born in Scotland, in 1794. After completing his academical studies he chose the medical profession, and became the favourite and most distinguished pupil of the celebrated lecturer on anatomy, Dr. Barclay; many most beautiful anatomical preparations made by Mr. Liston when quite a youth, were long retained and exhibited in the museum of Dr. Barclay. In 1815 he received his diploma from the Royal College of Surgeons of Edinburgh. He subsequently came to London, and became a member of the Royal College of Surgeons here. He then proceeded to Paris, where he most assiduously prosecuted his professional studies, and attended the Hotel Dieu, and other great hospitals of Paris. During his stay in the French capital he never missed any important operation of Dupuytren. (It was at this period that I first had the pleasure of becoming acquainted with him, and the friendship then formed never received a check till death unhappily closed his career.) At the close of 1817 he returned to Edinburgh, where he established himself. He was not content with the mere practice of his profession, but became a most able teacher; he immediately opened classes for demonstrating anatomy; later he became a lecturer on anatomy, and subsequently on surgery. He was afterwards appointed Surgeon to the Royal Infirmary, where he had ample field for exhibiting his great skill, and wonderful dexterity and quickness in operating. His fame spread far and wide. He enriched the medical periodicals of the day with a number of most valuable and interesting cases, and descriptions of most difficult and successful operations. He published his first edition of *The Principles of Surgery* in 1833. He was invited to London in 1834, and appointed Surgeon to the North London Hospital; later he was named to the Professorship of Clinical Surgery in the London University. In 1845 he was appointed one of the Examiners of the Royal College of Surgeons. There was no position, however high in the profession, that he was not entitled to, from his great knowledge, vast experience, and transcendent talents, and to which he would not have arrived had his valuable life been spared.

"I have seen almost all the most celebrated surgeons of the Continent operate, but I never saw one who could surpass Mr. Liston in coolness, quickness, and dexterity. To convey a correct idea of his merits as an operator, and his estimable qualities as a man, I cannot do better than quote the beautiful language of a noble and learned friend, who occupies a deservedly eminent place on the Scottish Bench, contained in a most eloquent and touching tribute to the memory of Mr. Liston.

"'For excellence in this department he possessed every qualification—great physical strength and activity, coolness, promptitude, energy and unflinching courage, a steady hand and a quick eye, a resolution which rose with the difficulties he encountered, and rested on a just reliance on his complete knowledge of anatomy and pathology. But though potent to wield, he was by no means rash to recommend the use of the knife. On the contrary, he was a remarkably cautious practitioner. As he was dauntless in operation, however dangerous, he was deliberate in forming the resolution, and forbore where he could. . . . . His reputation was established and unchangeable—his name familiar in every medical school of Europe and America. A rich harvest of honour and wealth lay before him; but alas! the sickle has fallen from the hand of the reaper, and in the zenith of his manhood and vigour of his practice he has been stricken down by sudden death. His loss is national and irreparable; there is no operator of his standing who can for a moment be put in nomination to fill his place. . . . . Nor let it be imagined, although the calls for his aid were incessant, by those who were entitled to command his services, that he forgot or overlooked the poor and needy. His nature abhorred everything sordid, and no man ever was more strongly impressed with the feelings of an honourable, generous, and independent practitioner. In whatever rank of life the "case" occurred, if it was one of difficulty or interest, this master of his art was ready with the potent spell of his unerring bistoury; and his reward was in the consciousness of his own power, and in the noble pride of having been ministrant to the relief of suffering humanity. . . . . He had no fantasies, no dogmatic opinions, no overweening confidence; and while he watched the progress of science, and hailed with rapture every improvement founded on sound principles, he regulated his whole practice by

the views of experience, and by the plain dictates of kindly sympathy and unobtrusive and tender watchfulness. . . . . His usefulness has been cut short by the mysterious decree of Providence, but his fame will endure while the science of surgery is known, and the name of one of the first surgeons the world ever saw, will be associated with the brightest example of untiring energy, matchless zeal, consummate skill, prudence, and tenderness,—adorning a private character of unspotted integrity. He has left a widow and six children, and many a sincere friend to deplore his loss. But it is not among his immediate circle alone that sorrow will be felt that his bright career is closed. There is many a sigh in the lordly mansion and in the cottage of the poor. He is wailed in the hospital of the sick, in the hall of instruction. The grey-haired practitioner looks in vain for the aid of his energy and skill, and the zealous student hears no more his voice of encouragement, and has now but his memory to cherish for example.'

"The cause of Mr. Liston's death was aneurism of the aorta. He expired on the evening of Tuesday, 7th of December, at his house in Clifford Street. For several months he had been ailing, but it was not till the latter end of July last that any serious symptoms occurred, when, whilst receiving his patients, he suddenly brought up, when in a state of complete repose, between two and three pounds of arterial blood—syncope came on, and the hæmorrhage stopped. He suspected the presence of an aneurism, but his eminent medical attendants, after careful examination and auscultation of the chest, could detect no perceptible lesion, either in the lungs or circulation. He rallied, and continued tolerably well till the end of October, when he appeared to be seized with a severe catarrhal affection, but subsequent events proved this to be the effects of the disease which finally terminated in death. On the 1st of December he was out, visiting his patients, and on the night of the 7th he was a corpse, having suffered much in the interval from distressing dyspnœa, and from occasional violent fits of what appeared to be spasmodic asthma. Blood-letting, both local and general, counter irritation, and sedatives, were had recourse to during the treatment. Thirty-six hours after death a *post mortem* examination of the thorax was made by Mr. Cadge, (Mr. Liston's late house surgeon at the North London Hospital,) in

the presence of his medical attendants and his son-in-law, an eminent surgeon of Norwich. 'The lungs were found but slightly collapsed, congested throughout, but otherwise perfectly healthy; the pericardium contained about an ounce of transparent yellowish serum; the heart itself was healthy, saving a slight atheromatous deposit in the mitral and aortic semilunar valves; on removing the subclavian vein and cellular tissue from the arch of the aorta, the cause of death became at once apparent. An aneurism as large as an orange, flattened from before backwards, was seen pressing back the trachea; it arose from the upper part of the arch, close behind the left carotid artery, at the origin of the innominata, which seemed almost to commence from the aneurismal pouch; the communication with the aorta was by a circular opening, as large as a half-crown. On opening the trachea from behind, the mucous membrane was seen to be very dark and congested, and in its front part, where it was firmly connected to the tumour, there were three or four whitish prominences, as large as split peas, situated between the rings; it was at first difficult to understand what these elevations really were, but on slitting up the pouch, and removing the fibrinous laminæ, they were drawn from between the ring, leaving the latter quite bare, and the trachea perforated in three or four points; they were, in short, portions of the clot, which half filled the sac of the aneurism. The source of the hæmorrhage and the cause of death were at once explained.'

"I have in the first part of this letter alluded to the favourable opinion entertained by Mr. Liston of some of the Homœopathic tenets. Fortunately, the evidence of this does not rest upon the *ipse dixit* of any one whose testimony can be considered suspicious, or prejudiced in favour of the new doctrines, but is recorded by himself in his lectures; and some of the cases and remedies, with his clinical remarks, are detailed in a medical periodical most adverse to Homœopathy; he also recommends, in his *Principles of Surgery*, erysipelas to be treated with aconite and belladonna, in small doses.* The circumstances which led him to adopt this

* "The exhibition of the extract of aconite in this and other inflammatory affections, is often followed by great abatement of vascular excitement, so that the necessity for abstraction of blood is done away with. The medicine may be given in doses of half a

treatment, and the use of other homœopathic remedies, I shall now briefly relate. In the course of our frequent consultations and conversations, we generally communicated to one another any interesting facts or cases occurring in our respective practice; and one day in the beginning of January, 1836, he was lamenting over the fatality that attended his treatment of the great majority of cases admitted into his hospital with erysipelas of the head, and stated that in the physicians' wards the results were much the same as in the surgical wards. I mentioned that I had also had several very severe cases, but that they had every one recovered under homœopathic treatment. It so happened that I had been called that very morning to a very severe case, which I offered to show him, and begged him to watch the result of the treatment, which I had barely commenced. He accepted, and we immediately visited my patient, a young man about twenty-eight years old, who was subject to epileptic fits, and who two nights before had cut his temple in falling, upon being seized with a fit; the consequence was an attack of erysipelas, which by the time I first visited had spread across and down the face, and over the scalp. We saw the patient twice a day till he was convalescent. The cure was very rapid, and the effects of the medicines very marked: they were aconite and belladonna. Mr. Liston saw the medicines prepared by me, and administered some of them himself; he was so astonished and satisfied with the beneficial results of the treatment, that he resolved to try the aconite and belladonna. His only motive for hesitation was, that if these medicines should prove less successful in his hands than they had done in mine, he should bring ridicule upon himself, and injure his position in the hospital with his colleagues and his pupils. I suggested to him, to prescribe one grain of the extract of aconite, to be dissolved in several

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grain in substance, or dissolved in pure water, and repeated every third or fourth hour. The sensible effect is relaxation of the surface, and frequently profuse perspiration; the arterial pulsations are diminished in frequency and force. The extract of belladonna, in doses of one-sixteenth of a grain, may then be substituted with great advantage, and often with the most extraordinary effect upon the disease."—*Liston's Elements of Surgery.* Second edition, p. 61. *Erysipelas.*

spoonfuls of water, and a spoonful given at intervals of several hours; and to dilute the same quantity of belladonna in a much larger quantity of water, and give a spoonful in the same manner. He immediately followed this suggestion, and the results are related in the following extracts of the reports of the North London Hospital, contained in the *Lancet* of the 6th and 13th of February, and the 16th of April, 1836.

"North London Hospital —*Erysipelas of the Head.—Remarkable Effect of the Extract of Belladonna.*—Mary Pecks, aged 32, was admitted under the care of Mr. Liston on the 21st January, 1836, labouring under severe erysipelas of the head and face. Fomentations, tartarized antimony, and saline mixtures were prescribed, with but slight benefit; one grain of belladonna in sixteen ounces of water was then ordered, two tablespoonfuls to be given every three hours. On the 24th of the same month she was reported rapidly improving; swelling and redness nearly gone.—Convalescent.—Medicine discontinued. In going round, Mr. Liston remarked that this was one of the most satisfactory and successful cures of erysipelas he had ever seen; the disease entirely, though not suddenly, disappearing in the course of a very few days. He was inclined to attribute this to the treatment, both local and general, which had been adopted, but more particularly to the administration of belladonna. This, the students might be aware, was given on the homœopathic principle, the doses only being somewhat increased. They had all, probably, seen the good effects of the aconite, and some of the other remedies employed by the advocates of Homœopathy.

"It was worthy of remark, that this same patient had been admitted into the hospital for a similar attack affecting the same parts, and was successfully treated with tartarized antimony, incisions, and fomentations. She came into the hospital on the 30th of October, 1834, and was discharged, quite well, on the 22nd of January, 1835. Under allopathic remedies, she was between eleven and twelve weeks recovering, whilst under the remedies prescribed on the homœopathic principle, she was reported convalescent on the fourth day from her admission. It is but just to state, that in her first attack the disease had been allowed to proceed for four days without the administration of any remedy, and her conva-

lescence was rendered rather tedious, from collections of matter forming in various parts of the scalp.

"Again,—*Erysipelas of the Head.—Use of the Extract of Aconite and Belladonna.*—Catherine Cox, aged 25, was admitted February 4th, 1836, under the care of Mr. Liston, with erysipelas of the face; has been subject to attacks of erysipelas for twelve years, lasting for a fortnight or three weeks at a time, the cures not being completed under three weeks. On her admission, fomentations were used to the parts every two hours, and an opening draught, containing sulphate and carbonate of magnesia, with antimony wine, was given immediately. On the following morning, the 5th, the erysipelas had extended over the left ear to the occiput; she had passed a restless night; pulse same as yesterday, 116, small and hard; bowels opened by the medicine; great heat of skin, and thirst; the catamenia have reappeared. Mr. Liston ordered a mixture, containing one grain and a half of aconite in four ounces of water, of which two tablespoonfuls to be given every three hours. At ten, P.M. had taken three doses of the aconite mixture: pulse 108, softer; skin moister and softer; not so much restlessness; has had a slight rigor. A mixture, containing one grain of extract of belladonna in sixteen ounces of water, of which two tablespoonfuls to be taken every three hours. On the following day the pulse had fallen to 96; had had a very quiet night; skin covered with a gentle perspiration; tongue moist and clean; redness and swelling much diminished; no pain, and says she is a great deal better. Ordered a dose of castor oil. The belladonna mixture to be given every five hours. On the 7th she was nearly convalescent, the medicine was discontinued, and a pint of beef tea ordered. On the 9th, quite recovered, having been under treatment only four days. The report goes on to state, the aconite has superseded bleeding in many cases at this hospital.

"In the course of some clinical remarks delivered by Mr. Liston, in April, 1836, *apropos* of the case of a man admitted on the 17th of December, with erysipelas occurring in the upper extremities, that eminent surgeon, in the most unequivocal manner, bears evidence in favour of the principle of Homœopathy, and also gives testimony to the efficacy of the homœopathic remedies,

even when administered in infinitesimal doses. I cannot do better than quote his own words, as used by him in the clinical lecture I have alluded to above.—'*Erysipelas occurring in the upper extremity.*—Since I last spoke on the subject of erysipelas, we have succeeded in subduing the action of the vascular system, without either the use of the lancet or tartarized antimony, by giving small doses of the aconitum napellus, and afterwards of belladonna. Two cases in which this treatment has been most successfully employed, have been accurately detailed in some late numbers of the *Lancet*. You have no doubt read them, as well as watched the cases themselves in the hospital. The first case was that of a woman, who, the first time she was in the hospital, was treated for erysipelas by antimony, punctures, and fomentations. It was some time before she recovered, and her convalescence was exceedingly tedious. In the second attack, after subduing the inflammatory fever in some measure by antimonials, we administered extract of belladonna in very minute doses, and in two or three days she was quite well. The second case was that of a woman who had been much subject to the affection, having had successive attacks of it at intervals, seldom recovering from them under a fortnight; small doses of the aconite, followed by belladonna, were given her, and in the course of three days she was also convalescent. There has been another case lately here, of a man with small ulcerations of the leg, from the toes up to the knee, aggravated by a scald, and who walked about until the leg became exceedingly swollen and red. He suffered besides considerably from fever. In this state he was admitted. We subdued the fever, and then administered to him the extract of belladonna, and in twenty-four hours the disease had quite disappeared. Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic; however, so long as we benefit our patients by the treatment we pursue, we have no right to condemn the principles upon which this treatment is recommended and pursued. You know that this medicine is recommended by the Homœopathists in this affection, because it produces on the skin a fiery eruption or efflorescence, accompanied by inflammatory fever. *Similia similibus curantur*, say they. They give, in cases where a good night's rest is required, those substances which generally, in healthy

subjects, produce great restlessness, instead of exhibiting, as others do, those medicines termed sedatives. It is like driving out one devil by sending in another. I believe in the homœopathic doctrines to a certain extent, but I cannot as yet, from inexperience on the subject, go the length its advocates would wish, in as far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have hitherto ever been prescribed. The beneficial effects, as you witnessed, are unquestionable. I have, however, seen similar good effects of the belladonna, prepared according to the homœopathic pharmacopœia, in a case of very severe erysipelas of the head and face, under the care of my friend, Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due examination and inquiry." . . . . . .

"Encouraged by the success which had attended his administration of aconite and belladonna in erysipelas, Mr. Liston requested me to give him a few notes of other diseases treated successfully by Homœopathy, with the names of the medicines usually prescribed by me for their cure. This I immediately complied with. He subsequently informed me that he had employed the following medicines with great success:—*Arnica montana* internally and externally in severe contusions, lacerations, and incised wounds; *rhus toxicodendron* in sprains, luxations, and swollen and painful joints; *nux vomica* in irritation of the bladder, obstinate constipation, and in some cases of partial paralysis; *bryonia alba* in rheumatism, and in arthritic pains of the joints; *chamomilla* in diarrhœa, and as a palliative in tooth-ache; *pulsatilla* in retarded and suppressed catamenia; *mercurius solubilis* alternated with *belladonna* in cynanche tonsillaris and ulceration of the fauces; and a variety of other medicines, unnecessary for me to occupy your pages with, as their effects are familiar to every homœopathic practitioner. Mr. Liston, however, was most struck with the action of *aconite* in subduing inflammation, and reducing vascular excitement; and he often expressed his regret to me that the power of aconite to abate vascular over-action, and supersede the necessity for abstraction of blood in many diseases, was not

known to him earlier; because he was convinced that it would have prolonged the life of his father, whose death had been hastened, in his opinion, by ill-judged copious venesection.

"In numerous cases demanding surgical assistance to which I had called him in, in consultation, he invariably left the whole constitutional treatment to me; and frequently, after his professional services were no longer required, he continued his visits merely from the interest he took in watching the effects of the homœopathic medicines prescribed by me.

"In a visit which I paid him a few days before his last fatal seizure, he, half in joke and half in earnest, said to me, 'If in a short time I do not mend quicker than I am now doing under allopathy, I shall certainly send for you to treat me homœopathically.' He then entered, with great interest, into conversation with me about some of my cases, and the remedies I was employing for their cure. He has often had many similar conversations, particularly of late, with our esteemed colleague, Mr. Cameron, for whom he entertained a very sincere friendship.

"I have no doubt, that had Mr. Liston's valuable life been spared, his enlightened example would have tended greatly to dispel the prejudices which prevent an impartial examination of the doctrines and practice of Homœopathy. The foregoing details will, I feel convinced, enlist the deepest sympathy of all your readers, in the universal regret which the untimely death of this distinguished surgeon has caused among his numerous friends and the public.

"I am, gentlemen,
"Your faithful and obedient servant,

"FREDERIC F. QUIN, M.D.

"111, Mount-street, Grosvenor-square,
"*December 20th*, 1847."

These statements, which must be received by the reader merely as a selection from the number which are available, having been submitted, no further remark will appear necessary. It has been shown

that the opposition directed towards Homœopathy, so far from being such as to warrant the public in declining to investigate the system, has been simply such as reason, unaided by experience, would demonstrate to be inevitable, while at the same time, to corroborate the lesson, experience to any extent may be invoked. It has been shown, also, that, apart from the argument founded on the opposition of the majority of the profession, which has thus been set aside, the public can have no plea for neglecting the doctrine, since, while it is plain to them that, supposing it to be true, it must lead to the highest results in the mitigation of human trials, it also comes commended on the testimony of a far larger number of sincere and accomplished men, than has perhaps been gained for any other truth at so early a stage of its existence. Those who reject it, therefore, or who cast it out of the way, as unworthy of inquiry, must do so on their own responsibility. Convinced, as it may be hoped they now must be, that the sagacity of professional men concerning professional innovations is always, as regards the majority, entirely at fault, it is upon their own individual sagacity that they must take their stand; and if in pursuing that course they should decline to fulfil the exhortation which requires them to search all things that may present even the shadow of a chance of bringing them more nearly acquainted with the laws which the Creator has instituted for the government of the world, and especially with those upon which He has caused the preserva-

tion of health to depend, let them recognize that it will be vain for them, in any after hour of hopelessness, when it may be too late to avert their own premature death or the death of a relative or friend, to rely on the hacknied consolation, that the calamity is to be regarded as a new instance of the "inscrutable" ways of Providence, and not as the penalty of having wilfully blinded themselves to any light beneficiently set before them, the reception of which might have insured their preservation.

FIRST ESSAY BY HAHNEMANN

ON THE

HOMŒOPATHIC PRINCIPLE.

INTRODUCTION.

No apology is necessary for presenting the following Essay, selected from the original writings of Hahnemann, but a few words are requisite by way of introduction. It is of great historical interest, as being the first public announcement of the homœopathic principle discovered by its author in 1790; and although the chemical and physiological views at present entertained differ somewhat from those expressed by the author, and which were current at the time he wrote, this does not at all detract from the value of his practical remarks.

We see from this Essay, that Hahnemann's original notion was, that the homœopathic method of treatment was applicable only to chronic diseases; whilst acute diseases could be most successfully treated by the enantiopathic method; that he had not originally thought of the necessity of giving extremely minute doses at long intervals; that whilst advising single medication as the rule, he thought there were some exceptional cases in which reme-

dies might be combined, in order mutually to aid each other's action, and that he insisted from the first on the necessity of testing medicines on the healthy human organism.

In this Essay we have the germ of the *Organon* and the *Materia Medica Pura*, dimly shadowed forth indeed, but all the more interesting on that account, as showing the gradual growth in the master-mind of that scheme of reformation in therapeutics which, when perfectly matured, was to differ so widely from any former system of practical medicine, and to create a school which was destined, fifty years later, to have its representatives in every quarter of the globe, and in almost every town in Europe and America, whose disciples would then be reckoned by thousands, and whose doctrines would be eagerly embraced by some of the most illustrious professors* of the allopathic school.

It will be perceived that Homœopathy did not, as is often alleged, spring from the brain of the German, like Minerva from the front of Jove, complete and perfect in all its parts. First came the conviction of the necessity of learning the effects of medicines from testing them on the healthy human orga-

* Among the Professors in allopathic Universities who have openly embraced Homœopathy, we may mention D'Amador, Professor of Pathology at Montpelier; Henderson, Professor of Pathology at Edinburgh; J. W. Arnold, late Professor of Pathology at Zurich; Zlatarowich, Professor of Materia Medica at the Theresian University of Vienna; Maly, Professor of Materia Medica at Grätz; Lamprecht, Professor of Midwifery at Padua, &c.

nism, and thence arose the discovery of what we term the homœopathic principle, the law of *similia similibus curantur*. But the idea of this law being generally, far less exclusively, applicable to the treatment of disease, did not at first present itself; it was afterwards to be learned from careful, oft repeated, and infinitely varied experiment. The generality of its application was first promulgated nine years later (1805), in the *Medicine of Experience;* its exclusive application first insisted on fourteen years later (1810), in the *Organon of Rational Medicine.* In like manner, the suitable dose and the various technicalities connected with it, as they at present stand, were the result of years of experience. The theory of chronic diseases, which has been the object of such determined animosity and ridicule, but the value of which is well known to the practical Homœopathist, made its first appearance in 1828. The testing of medicines on the human organism was commenced by Hahnemann on himself and others before the publication of the subjoined Essay. In 1805, the commencement of that vast labour was given to the world in the *Fragmenta de viribus Medicamentorum positivis*, a labour which was continued up to the latest years of his active life, and has since been carried on by his followers to the present day.

In reading the following Essay, it is impossible not to marvel at the little impression the doctrines therein enunciated made upon the great body of medical men. Its temperate, but earnest language, its

calm reasoning, its complete exposure of the fallacy of the previous modes adopted for ascertaining the medicinal powers of drugs, and the convincing facts brought forward in support of each view, might have been expected to meet with other treatment from the author's colleagues than contemptuous silence or insensate ridicule; and although, to the discredit of the time, they were received with scorn, we may hope that at the present day they will not fall into the hands of any unprejudiced person, without awakening a spirit of investigation which will forbid any decision that shall not have been sanctioned by observation and experiment.

Essay on a new Principle for discovering the Curative Powers of Drugs, with a few Glances at those hitherto employed. By SAMUEL HAHNEMANN, M.D. *(From Hufeland's Journal of Practical Medicine,* Vol. II. Part 3. 1796.)

AT the commencement of this century, the unmerited honour was conferred on chemistry, more especially by the Academy of Sciences of Paris, of tempting it to come forward as the discoverer of the medicinal virtues of drugs, particularly of plants. They were subjected to the action of fire in retorts, generally without water, and by this process there were obtained, from the most deadly as from the most innocent, very much the same products, water, acids, resinous matters, charcoal, and from this last, alkali; always the same kind. Large sums of money were

thus wasted on the destruction of plants, before it was perceived that none of the important component parts of vegetables could be extracted by this fiery ordeal, far less that any conclusion respecting their curative powers could be come to. This folly, which was, with divers variations, perpetrated for nearly half a century, gradually produced an unfavourable impression on the minds of modern physicians, which had been in the mean time more enlightened respecting the chemical art and its limits, so that they now almost unanimously adopted an opposite view, and denied all value to chemistry in the search for the medicinal powers of drugs, and in the discovery of remedial agents for the diseases to which humanity is liable.*

In this they palpably went too far. Although I am far from conceding to the chemical art a universal influence on the materia medica, I cannot refrain from alluding to some notable discoveries in this respect which we have to thank it for, and to what it may hereafter effect for therapeutics.

Chemistry informed the physician who sought a palliative remedy for the evils occasioned by morbid acids in the stomach, that the alkalis and some earths were their remedies. If it was desired to destroy in the stomach poisonous matters which had been swal-

* Once more, in the present day, practical medicine is appealing to chemistry for aid in the discovery of remedial agents, and Baron Liebig, in his laboratory at Giessen, is now the great therapeutic oracle. [Ed.]

lowed, the physician applied to chemistry for the antidotes that should speedily neutralize them, before they should injure the alimentary canal and the whole organism. Chemistry alone could tell him that the alkalis and soap were the antidotes of acid poisons, of vitriol, of aquafortis, of arsenic, as well as of the poisonous metallic salts; that the acids were the counter-poisons of the alkalis, of quicklime, &c., and that for speedily counteracting the effects of all metallic poisons, sulphur, liver of sulphur, but especially sulphuretted hydrogen, were effectual.

It taught him to remove lead and tin from a cavity of the body by living quicksilver, to dissolve iron that had been swallowed by acids, and ingested glass and flint by fluoric and phosphoric acids, in the way it is seen to take place, with respect to the last substance, in the stomach of fowls.

Chemistry showed the vital air in its purity, and when the physiologist and clinical observer perceived its peculiar power of maintaining and increasing the vital energy, chemistry showed that a part of this power lay in the great specific caloric of this air, and supplied this air, which neither the therapeutic materia medica nor clinical experience could do, from many different sources, in greater and greater purity.

Chemistry alone could supply a remedy for those suffocated by fixed air, in the vapour of caustic ammonia.

What would the Galenic school have done in cases of suffocation from charcoal vapour, had chemistry

not pointed out vital air, the second component of atmospheric, as the proper thing wherewith to inflate the lungs?

Chemistry discovered a means of destroying the remains of poisons which had penetrated the system, by administering sulphuretted hydrogen in drinks and baths.

What but chemistry taught us (with nitrous ether and acetate of potash) how to dissolve those gall stones that often give rise to so many most troublesome diseases?

For centuries, chemistry has been applied to by medicine for a remedy for stone in the bladder, and with what result? Those that applied to it know best. It has at all events done something, since it has brought soda saturated with fixed air into repute. A still better remedy will be found in the employment of phosphoric acid.

Were not all sorts of medicinal agents applied to mammæ in which the milk had curdled and caused pain? This was a hopeless, fruitless way. Chemistry showed a true remedy in fomentations of hartshorn, which renders curdled milk once more fluid.

Chemical experimentation with colombo root and morbid bile, showed that that vegetable substance must be a remedy in deranged biliary secretion in the human body, and medical experience has confirmed the accuracy of chemical induction.

Does the practitioner seek to know if a new remedy is of a heating description? Distillation with

water, by showing the presence or absence of an ethereal oil, will with few exceptions suffice to solve the problem.

Practice cannot always tell by sensible signs if a vegetable substance possess astringent properties. Chemistry discovers that astringent principle, sometimes of no small use in practice, and even its degree, by means of green vitriol.

Dietetics alone cannot tell if a newly-discovered plant possess anything nourishing in its composition. Chemistry shows this, by separating its gluten and its starch, and can, from the quantity of these ingredients, determine its amount of nutritive quality.

Although chemistry cannot directly show medicinal powers, yet it can do this indirectly, by demonstrating the powerlessness of medicines, in themselves powerful, from being mixed; or the noxious properties of mixtures of medicines, in themselves innocuous. It forbids us, when we seek to produce vomiting by means of tartar emetic, to add to it substances containing gallic acid, by which it is decomposed; it forbids us to drink lime water when we seek to obtain benefit from the astringent principle of cinchona bark, by which it is destroyed; it forbids us, if we do not wish to produce ink, to mix bark and iron in the same potion; it forbids us to make the Goulard lotion powerless by adding alum; it forbids the mixture of an acid with those laxative neutral salts having cream of tartar for their bases, which remove acids from the primæ viæ; it forbids

us to render poisonous, by admixture, those otherwise innocuous substances, diaphoretic antimony and cream of tartar; it prohibits the use of vegetable acids during a milk diet, (whereby an insoluble cheese would be formed), and when acids are required for digestion, it points to the vitriolic acid.

It furnishes the tests for detecting the adulteration of remedies, extracts the deadly corrosive sublimate from calomel, and teaches the difference betwixt the latter and the poisonous white precipitate which it so closely resembles.

These few examples may suffice to show that chemistry cannot be excluded from a share in the discovery of the medicinal powers of drugs. But that chemistry should not be consulted with respect to those medicinal powers which relate, not to hurtful substances to be acted on immediately in the human body, but to changes wherein the functions of the animal organism are first concerned, is proved, *inter alia*, by the experiments with antiseptic substances, respecting which, it was imagined that they would exhibit exactly the same antiputrefactive power in the fluids of the body, as they did in the chemical phial. But experience showed that saltpetre, for instance, which out of the body is so highly antiseptic, shows exactly opposite qualities in putrid fever and in tendency to gangrene; the reason of which I may mention, though out of place here, is, that it weakens the vital powers. Or shall we seek to correct the putrefaction of matters in the stomach

with saltpetre? An emetic will remove them at once.

Still worse for the materia medica was the advice of those who sought to ascertain the medicinal powers of its various agents, by mixing the unknown drug with newly-drawn blood, in order to see whether the blood grew darker or lighter, thinner or thicker; just as if we could bring the drug into the same immediate contact with the blood in the artery, as we could in the test tube; just as if the drug must not first undergo an infinity of changes in the digestive canal, before it could get (and that only by a most circuitous method) into the blood. What a variety of appearance does not the blood itself present when drawn from the vein, according as it is taken from a heated or a cool body, by a smaller or larger opening, in a stream or by drops, in a cold or warm room, in a flat or a narrow vessel.

But such paltry modes of ascertaining the powers of medicines bear on their face the stamp of their worthlessness.

Even the *injection of drugs into the bloodvessels of animals* is for the same reason a very heterogeneous and uncertain method. To mention only one circumstance,—a teaspoonful of concentrated cherrylaurel-water will most certainly kill a rabbit, when taken into the stomach, whereas, if injected into the jugular vein, it causes no change, the animal remains lively and well.

But at all events, some will say, the administra-

tion of drugs to animals by the mouth will furnish some certain results respecting their medicinal action. By no means! How greatly do their bodies differ from ours! A swine can swallow a large quantity of nux vomica, without injury, and yet men have been killed with fifteen grains. A dog bore an ounce of the fresh leaves, flowers, and seeds of monkshood; what man would not have died of such a dose? Horses eat it, when dried, without injury. Yew leaves, though so fatal to man, fatten some of our domestic animals. And how can we draw conclusions relative to the action of medicines on man, from their effects on the lower animals, when even among the latter they often vary so much? The stomach of a wolf poisoned with monkshood was found inflamed, but not that of a large and a small cat, poisoned by the same substance. What can we infer from this? Certainly, not much, if I may not say, nothing. This much, at least, is certain, that the fine internal changes and sensations, which a man can express by words, must be totally unknown to us in the lower animals.

In order to try if a substance can develope very violent or dangerous effects, this may in general be readily ascertained, by experiments on several animals at once, as likewise any general palpable action on the motions of the limbs, variations of temperature, evacuations upwards and downwards, and the like, but never anything connected or decisive, that may influence our conclusions with regard to the proper

curative virtues of the agent on the human subject. For this, such experiments are too obscure, too rude, and, if I may be allowed the expression, too awkward.

As the above-mentioned sources for ascertaining the medicinal virtues of drugs were so soon exhausted, the systematizer of the materia medica bethought himself of others, which he deemed of a more certain character. He sought for them in the drugs themselves; he imagined he would find in them hints for his guidance. He did not observe, however, that their sensible external signs are often very deceptive, as deceptive as the physiognomy is in indicating the thoughts of the heart.

Lurid-coloured plants are by no means always poisonous; and on the other hand, an agreeable colour of their flowers is far from being any proof of their harmlessness. The special qualities of drugs, which may be ascertained by the smell and the taste, will not allow us to form any trustworthy conclusions respecting untried substances. I am far from denying utility to both these senses in corroborating the probable properties of drugs which have been ascertained in other ways, but I would counsel, on the other hand, great caution to those who would form their judgment from them alone. If the bitter principle strengthens the stomach, why does squill weaken it? If bitter aromatic substances are heating, why does marsh rosemary diminish the vital temperature in such a marked manner? If those

plants only are astringent that make ink with green vitriol, how is it that the highly astringent principle in quinces, medlars, &c., cannot furnish ink?

If the astringent taste gives evidence of a strengthening substance, why does white vitriol excite vomiting? If the acids are antiseptic, why does arsenious acid produce such rapid putrefaction in the body of one poisoned by it? Is the sweet taste of sugar of lead a sign of its nutritive properties? If the volatile oils, and everything that tastes fiery on the tongue, are heating for the blood, why are ether, camphor, cajeput oil, oil of peppermint, and the volatile oil of bitter almonds and cherrylaurel, the very reverse? If we are to expect a disagreeable odour in poisonous plants, how is it so inconsiderable in monkshood, deadly nightshade, and foxglove? why so imperceptible in nux vomica and gamboge? If we are to look for a disagreeable taste in poisonous plants, why is the most deadly juice of the root of *jatropha manihot* merely sweetish, and not the least acrid? If the expressed fatty oils are often softening, does it follow that they are all so, even the inflammatory oil expressed from the seeds of the *jatropha curcas?* Are substances which have little or no smell or taste destitute of medicinal powers? How is it that ipecacuan, tartar emetic, the poison of vipers, nitrogen, and lopez-root, are not so? Who would use bryony-root as an article of diet, on the ground that it contains much starch?

Perhaps, however, *botanical affinity* may allow us to infer a similarity of action? This is far from being the case, as there are many examples of opposite, or at least very different powers, in one and the same, and indeed in most families of plants. We shall take as a basis the most perfect *natural system*, that of Murray.

In the family of the *coniferæ*, the inner bark of the fir-tree (*pinus sylvestris*) gives to the inhabitants of northern regions a kind of bread, whereas the bark of the yew-tree (*taxus baccifera*) gives—death. How came the feverfew (*anthemis pyrethrum*), with its burning root, the poisonous cooling lettuce (*lactuca virosa*), the emetic groundsel (*senecio vulgaris*), the wild scorzonera, the innocuous cudweed (*gnaphalium arenarium*), the heroic arnica (*a. montana*), in the one family of the *compositæ?* Has the purging *globularia alypum* anything in common with the powerless *statice*, both being in the family of the *aggregatæ?* Is there any similarity to be expected betwixt the action of the chervil root (*sium sisarum*) and that of the poisonous water-dropwort (*œnanthe crocata*), or of the water-hemlock (*cicuta virosa*), because they are in the same family of the *umbelliferæ?* Has the not harmless ivy (*hedera helix*), in the family *hederaceæ*, any other resemblance to the vine (*vitis vinifera*), except in the outward growth? How comes the harmless butcher's-broom (*ruscus*) in the same family of the *sarmentaceæ* with the stupifying cocculus (*menispermum cocculus*), the heating

aristolochia, and the *asarum europæum?* Do we expect any similarity of effect from the goose-grass (*galium aparine*) and the often deadly *spigelia marylandica*, because they both belong to the *stellatæ?* What resemblance can we find betwixt the action of the melon (*cucumis melo*) and the elaterium (*momordica elaterium*), in the same family of the *cucurbitaceæ?* And again, in the family *solanaceæ*, how comes the tasteless great mullein (*verbascum thapsus*), with the burning Cayenne pepper (*capsicum annuum*); or tobacco, which has such a powerful spasm-exciting action on the primæ viæ, with nux vomica, which impedes the natural motions of the intestines? Who would compare the unmedicinal perriwinkle (*vinca pervinca*) with the stupifying oleander (*nerium oleander*), in the family *contortæ?* Acts the wintry moneywort (*lysimachia nummularia*) similarly to the marsh trefoil (*menyanthes trifoliata*), or the powerless cowslip (*primula veris*) to the drastic sowbread (*cyclamen europæum*), in the family of the *rutaceæ?* From the strengthening effects of the bear-berry (*arbutus uva ursi*) on the urinary apparatus, can we infer the heating, stupifying action of the *rhododendron chrysanthum*, in the family *bicornes?* Among the *verticillatæ*, can any comparison be made betwixt the scarcely astringent selfheal (*prunella vulgaris*) or the innocent bugle (*ajuga pyramidalis*), with the volatile germander (*teucrium marum*), or the fiery marjoram (*origanum creticum*)? How can the powers of the verbena (*v. officinalis*) be said to re-

semble those of the active hyssop (*gratiola officinalis*), in the family *personatæ?* How different are the actions of liquorice and *geoffroya*, although in the same family of the *papilionaceæ!* In the family of the *lomentaceæ*, what parallel exists betwixt the properties of the *ceratonia siliqua* and those of the fumatory (*fumaria officinalis*), of the *polygala senega* and the Peruvian balsam (*myroxylon peruiferum*)? Or is there any likeness in properties amongst the *nigella sativa*, the garden rue (*ruta graveolens*), the peony (*pæonia officinalis*), and the cellery-leaved crowfoot (*ranunculus sceleratus*), although one and all are in the family of the *multisiliquæ*? The dropwort (*spiræa filipendula*) and the tormentil (*tormentilla erecta*) are united in the family *senticosæ*, and yet how different in properties! The red currant (*ribes rubrum*), and the cherry-laurel (*prunus laurocerasus*), the rowan (*sorbus aucuparia*), and the peach (*amygdalus persica*), how different in powers, and yet in the same family of the *pomaceæ!* The family *succulentæ* unites the wall-pepper (*sedum acre*) and the *portulaca oleracea*, certainly not because they resemble each other in effects! How is it that the stork's-bill and the purging-flax (*linum catharticum*), the sorel (*oxalis acetosella*), and the quassia (*q. amara*), are in the same family? Certainly not because their powers are similar! How various are the medicinal properties of all the members of the family *ascyroideæ!* and of those of the *dumosæ!* and those of the *trihilatæ!* In the family *tricoccæ*, what has the corrosive spurge

(*euphorbia officinalis*), in common with the box (*buxus sempervirens*), which has such a decided influence on the nervous system? The tasteless rupture-wort (*herniaria glabra*), the acrid *phydolacca decandra*, the refreshing goosefoot (*chenopodium ambrosioides*), and the biting persicaria (*polygonum hydropiper*), what a motley company in the family *oleraceæ!* How dissimilar in action are the *scabridæ!* What business has the mild, slimy, white lily (*lilium candidum*) beside the garlic (*allium sativum*), or the squill (*scilla maritima*), what the asparagus (*a. officinalis*) beside the poisonous white hellebore (*veratrum album*), in the family *liliaceæ?*

I am far from denying, however, the many important hints the natural system may afford to the philosophical student of the materia medica and to him who feels the obligation of discovering new medicinal agents; but these hints can only help to confirm and serve as a commentary to facts already known, or in the case of untried plants, they may give rise to hypothetical conjectures, which are, however, far from approaching even to probability.

But how can a perfect similarity of action be expected amongst groups of plants, which are only arranged in the so-called natural system, on account of often slight external similarity, when even plants that are much more nearly connected, plants of one and the same genus, are sometimes so different in their medicinal effects. Examples of this are seen in the species of the genera, *impatiens*, *serapias*,

cytisus, *ranunculus*, *calamus*, *hibiscus*, *prunus*, *sedum*, *cassia*, *polygonum*, *convallaria*, *linum*, *rhus*, *seseli*, *coriandrum*, *æthusa*, *sium*, *angelica*, *chenopodium*, *asclepias*, *solanum*, *lolium*, *allium*, *rhamnus*, *amygdalus*, *rubus*, *delphinium*, *sisymbrium*, *polygala*, *teucrium*, *vaccinium*, *cucumis*, *apium*, *pimpinella*, *anethum*, *scandia*, *valeriana*, *anthemis*, *artemisia*, *centaurea*, *juniperus*, *brassica*. What a difference betwixt the tasteless tinder amadou (*boletus igniarius*), and the bitter, drastic *boletus laricis*, betwixt the mushroom (*agaricus deliciosus*) and the agaric (*agaricus muscarius*), betwixt the woody stone moss (*lichen saxatilis*) and the powerful Iceland moss (*lichen Islandicus*)!

Though I readily admit that, in general, similarity of action will be much oftener met with betwixt species of one genus, than betwixt whole groups of families in the natural system, and that an inference drawn from the former will have a much greater degree of probability attaching to it, than one from the latter; yet my conviction compels me to give this warning, that, be the number of genera ever so many, whose species resemble each other very much in their effects, the lesser number of very differently acting species, should make us distrustful of this mode of drawing inferences, since we have not here to do with mechanical experiments, but with that important and difficult concern of mankind—health.*

* Conclusions relative to similarity of action betwixt species of a genus become still more hazardous, when we consider that one

As regards this method, therefore, we come also to the conclusion, that it cannot be considered as a sure principle to guide us to the knowledge of the medicinal powers of plants.

Nothing remains for us but *experiment* on the human body. But what kind of experiment? *Accidental* or *methodical?*

The humiliating confession must be made, that most of the virtues of medicinal bodies were discovered by *accidental, empirical* experience, by *chance;* often first observed by non-medical persons. Bold, often over-bold, physicians, then gradually made trial of them.

I have no intention of denying the high value of this mode of discovering medicinal powers—it speaks for itself. But in it there is nothing for us to do; chance excludes all method, all voluntary action. Sad is the thought, that the noblest, the most indispensable of arts, is built upon accident, which always presupposes the endangering of many human lives. Will the chance of such discoveries suffice to perfect the healing art, to supply its numerous desiderata?

and the same species, one and the same plant, frequently shows very various medicinal powers in its different parts. How different the poppy head from the poppy seed; the manna that distils from the leaves of the larch, from the turpentine of the same tree; the cooling camphor in the root of the cinnamon laurel, from the burning cinnamon oil; the astringent juice in the fruit of several of the mimosæ, from the tasteless gum that exudes from their stem; the corrosive stalk of the ranunculus, from its mild root!

From year to year we become acquainted with new diseases, with new phases and new complications of diseases, with new morbid conditions; if, then, we possess no better method of discovering the remedial agents around us, than chance allows, nought remains for us to do, but to treat these diseases with general (I might often wish with *no*) remedies, or with such as have seemed to be of service, in what we imagine, or what appear to us to be, similar diseased states. But how often shall we fail in accomplishing our object, for if there be any difference, the disease cannot be the same! Sadly we look forward into future ages, when a peculiar remedy for this particular form of disease, for this particular circumstance, may, *perhaps*, be discovered by chance, as was bark for pure intermittent fever, or mercury for syphilitic disorders.

Such a precarious construction of the most important science—resembling the concourse of Epicurean atoms to make a world—could never be the will of the wise and most bountiful Preserver of mankind. How humiliating for proud humanity, did his very preservation depend on chance alone. No! it is exhilarating to believe that for each particular disease, for each peculiar morbid variety, there are peculiar directly-acting remedies, and that there is also a way in which these may be *methodically* discovered.

When I talk of the *methodical discovery of the medicinal powers still required*, I do not refer to those

empirical trials usually made in hospitals, where in a difficult, often not accurately noted case, in which those already known do no good, recourse is had to some drug, either hitherto untried altogether, or untried in this particular affection, which drug is fixed upon either from caprice and blind fancy, or from some obscure notion, for which the experimenter can give no plausible reason, either to himself or to others. Such empirical chance trials are, to call them by the mildest appellation, but foolish risks, if not something worse.

I speak not here either, of the somewhat more rational trials, made occasionally in private and hospital practice, with remedies casually recommended in this or that disease, but not further tested. These, also, are performed, unless under the guidance of some scientific principle, to a certain degree at the peril of the health and life of the patient; but the caution and practical skill of the physician will often avail to smooth much that is uneven in his half-empirical undertakings.

As we already possess a large number of medicines, which are evidently powerful, but concerning which we do not rightly know what diseases they are capable of curing, and moreover, others which have sometimes proved serviceable, sometimes not, in given diseases, and concerning which we have no accurate knowledge of the exact circumstances under which they are applicable, it may not at first sight appear

very necessary to increase the number of our medicinal agents. Very probably all (or nearly all) the aid we seek lies in those we already possess.

Before I explain myself further, I must, in order to prevent misapprehension, distinctly declare, that I do not expect, and do not believe, there can be a thoroughly specific remedy for any disease, of such and such a name, burdened with all the ramifications, concomitant affections and variations, which, in pathological works, are so often inconsiderately detailed as essential to its character, as invariably pertaining to it. It is only the very great simplicity and constancy of ague and syphilis that permitted remedies to be found for them, which appeared to many physicians to have specific qualities, for the variations in these diseases occur much more seldom, and are usually much less important than in others, consequently bark and mercury must be much more often serviceable than not so. But neither is bark specific in ague, in the most extended sense of the term,*

* Pity it is, that it was not observed *why*, for example, of the seven-fifteenths of all the so-called agues in which bark was useless, three-fifteenths required nux vomica or bitter almonds, two other fifteenths opium, another fifteenth blood-letting, and still another fifteenth small doses of ipecacuan, for their cure! It was thought sufficient to say, "Bark was of no use, but ignatia cured;" the *why* was never satisfactorily answered. Were it a case of pure ague, bark must be of service; where there were complications, with excessive irritability, especially of the primæ viæ, however, it was no longer a pure case of ague, and it could not do good; here were now *reasons* for choosing as a remedy, or as an auxiliary means, ignatia, nux vomica, or bitter almonds, according to

nor mercury in syphilis, in its more extended sense; they are, however, probably specific in both diseases, when they occur simple, pure, and free from all complication. Our great and intelligent observers of disease have seen the truth of this too well, to require that I should dwell further on this subject.

Now, when I entirely deny that there are any absolute specifics for individual diseases, in their full extent, as they are described in ordinary works on pathology,* I am, on the other hand, convinced that there are as many specifics as there are different states of individual diseases, *i. e.*, that there are

the different conditions of the system; and it ought not, and should not have been wondered at, that bark was not useful.

* The history of diseases is not yet advanced so far, that we have been at pains to separate the essential from the accidental, the peculiar from the adventitious, the foreign admixture, owing to idiosyncrasy, mode of life, passions, epidemic constitutions, and many other circumstances. When reading the description of one disease, we might often imagine it was a compound admixture of many histories of cases, with suppression of the name, place, time, &c., and not true, abstractedly pure, isolated characteristics of a disease separated from the accidental (which might be afterwards appended to it, as it were). The more recent nosologists have attempted to do this; their genera should be what I call the peculiar characteristics of each disease, their species the accidental circumstances.

Before all things, we have to attend to the chief disease; its divergencies and concomitant circumstances only demand particular aid when they are serious, or offer obstacles to recovery; they demand our chief attention, and the primary disease may be less regarded, when the latter, by passing into the chronic state, has become of less importance, and is less urgent, whilst the former has gradually become the chief disease.

peculiar specifics for the pure disease, and others for its varieties, and for other abnormal states of the system.

If I mistake not, practical medicine has devised three ways of applying remedies for the relief of the disorders of the human body.

The *first way*, *to remove or destroy the ultimate cause of the disease*, was the most elevated it could follow. All the imaginings and aspirations of the best physicians in all ages were directed to this object, the most suited to the dignity of our art. But, to use a Spagyrian expression, they did not advance beyond particulars; the great philosopher's stone, the knowledge of the ultimate cause of all diseases, they never attained to. And as regards most diseases, it will remain for ever concealed from human weakness. In the mean time, what could be ascertained respecting this point, from the experience of all ages, was united in a general system of therapeutics. Thus, in cases of chronic spasms of the stomach, the general weakness of the system was first removed, the convulsions arising from tape-worm were conquered by killing that animal, the fever arising from noxious matters in the stomach was dissipated by powerful emetics, in diseases caused by a chill the suppressed perspiration was restored, and the ball was extracted that gave rise to traumatic fever. This object is above all criticism, though the means employed were not always the fittest for attaining it.

I shall now take leave of this royal road, and examine the other two ways for applying medicines.

In the *second way*, the symptoms present were sought to be removed by medicines, *which produced an opposite condition;* for example, constipation by purgatives; inflamed blood by venesection, cold and nitre; acidity in the stomach by alkalis; pains by opium. In acute diseases, which, if we remove the obstacles to recovery for but a few days, nature will herself generally conquer, or, if we cannot do so, succumb; in acute diseases, I repeat, this application of remedies is proper, to the purpose, and sufficient, as long as we do not possess the above-mentioned philosopher's stone (the knowledge of the ultimate cause of each disease, and its means of removal), or as long as we have no rapidly-acting specific, which would extinguish the variolous infection, for instance, at its very commencement. In this case, I would call such remedies *temporary*.

But if the ultimate cause of the disease, and its direct means of removal, are known, and we, disregarding these, combat the symptoms only by remedies of this second kind, or employ them deliberately in chronic diseases, then this method of treatment (to oppose diseases by remedies that produce an opposite state) gets the name of *palliative*, and is to be reprobated. In chronic diseases it only gives relief at first; subsequently, stronger doses of such remedies become necessary, which cannot remove

the primary disease, and thus they do more harm the longer they are employed, for reasons to be specified hereafter.

I know very well that habitual constipation is still attempted to be cured by aloetic purgatives and laxative salts, but with what melancholy results! I know well that efforts are still made to subdue the chronic determinations of blood of hysterical, cachetic, and hypochondriacal individuals, by repeated, although small venesections, nitre, and the like; but with what untoward consequences! Persons living a sedentary life, with chronic stomachic ailments, accompanied with sour eructations, are still advised to take repeatedly Glauber's salts; but with what disastrous effects! Chronic pains of all kinds are still sought to be destroyed by the continued use of opium; but, again, with what sad results! And although the great majority of my medical brethren still adhere to this method, I do not fear to call it palliative, injurious, and destructive.

I beseech my colleagues to abandon this method (*contraria contrariis*) in chronic diseases, and in such acute diseases as take on a chronic character; it is the deceitful bye-path in the dark forest that leads to the fatal swamp. The vain empiric imagines it to be the beaten highway, and prides himself in the wretched power of giving a few hours' ease, unconcerned if, during this specious calm, the disease plant its roots still deeper.

But I am not singular in warning against this

fatal practice. The better, more discerning, and conscientious physicians, have from time to time sought for remedies (the *third way*) for chronic diseases, and acute diseases tending to chronic, which should not cloak the symptoms, but which should remove the disease radically, in one word, for *specific* remedies; the most desirable, most praiseworthy undertaking that can be imagined. Thus, for instance, they tried arnica in dysentery, and in some instances found it a useful specific.

But what guided them, what principle induced them to try such remedies? Alas! only a precedent from the empirical game of hazard, from domestic practice, chance cases, in which these substances were accidentally found useful in this or that disease, often only in peculiar unobserved combinations, which might perhaps never again occur; sometimes in pure, simple diseases.

It were deplorable, indeed, if only chance and empirical *apropos* could be considered as our guides in the discovery and application of the proper, the true remedies for chronic diseases, which certainly constitute the major portion of human ills.

In order to ascertain the actions of remedial agents, for the purpose of applying them to the relief of human suffering, we should trust as little as possible to chance; but go to work as rationally and as methodically as possible. We have seen, that for this object the aid of chemistry is still imperfect, and must only be resorted to with caution; that the simi-

larity of genera of plants in the natural system, as also the similarity of species of one genus, give but obscure hints; that the sensible properties of drugs teach us mere generalities, and these invalidated by many exceptions; that the changes that take place in the blood from the admixture of medicines teach nothing; and that the injection of the latter into the bloodvessels of animals, as also the effects on animals to which medicines have been administered, is much too rude a mode of proceeding, to enable us therefrom to judge of the finer actions of remedies.

Nothing then remains but to test the medicines we wish to investigate on the human body itself. The necessity of this has been perceived in all ages, but a false way was generally followed, inasmuch as they were, as above stated, only employed empirically and capriciously in diseases. The reaction of the diseased organism, however, to an untested or imperfectly tested remedy, gives such intricate results, that their appreciation is impossible for the most acute physician. Either nothing happens, or there occur aggravations, changes, amelioration, recovery, death—without the possibility of the greatest practical genius being able to divine what part the diseased organism, and what the remedy, in a dose, perchance, too great, moderate, or too small, played in effecting the result. They teach nothing, and only lead to false conclusions. The everyday physicians held their tongues about any harm that ensued, they

indicated with one word only the name of the disease, which they often confounded with another, in which this or that remedy appeared to do good, and thus were composed the useless and dangerous works of Schröder, Rutty, Zorn, Chomel, Pomet, &c., in whose thick books are to be found a monstrous number of mostly powerless medicines, each of which is said to have cured radically this and at least ten or twenty other diseases.*

The true physician, whose sole aim is to perfect his art, can avail himself of no other information respecting medicines, than—

First—*What is the pure action of each by itself on the human body?*

Second—*What do observations of its action in this or that simple or complex disease teach us?*

The last object is partly obtained in the practical writings of the best observers of all ages, but more especially of later times. Throughout these, the, as yet, only source of the real knowledge of the powers of drugs in diseases is scattered; there we find it

* To me, the strangest circumstance connected with these speculations upon the virtues of single drugs is, that in the days of these men, the habit that still obtains in medicine, of joining together several different medicines in one prescription, was carried to such an extent, that I defy Œdipus himself to tell what was the exact action of a single ingredient of the hotch-potch; the prescription of a single remedy at a time was in those days *almost* rarer than it is now a-days. How was it possible, in such a complicated practice, to distinguish the powers of individual medicines?

faithfully related, how the simplest drugs were employed in accurately described cases, how far they proved serviceable, and how far they were hurtful or less beneficial. Would to God such relations were more numerous!

But even among them contradictions so often occur, one condemning in a certain case what another found of use in a similar case, that one cannot but remark that we still require some natural normal standard, whereby we may be enabled to judge of the value and degree of truth of their observations.

This standard, methinks, can only be derived from the effects that a given medicinal substance has by itself in this and that dose developed in the healthy human body.

To this belong the histories of designedly or accidentally swallowed medicines and poisons, and such as have been purposely taken by persons, in order to test them; or which have been given to healthy individuals, to criminals, &c.; probably also those cases in which an improper powerfully acting substance has been employed as a household remedy or medicine, in slight or easily determined diseases.

A complete collection of such observations, with remarks on the trustworthiness of their reporters, would, if I mistake not, be the foundation stone of a materia medica, the holy book of its revelation.

In them alone can the true nature, the real action of medicinal substances be *methodically* discovered; from them alone can we learn in what cases of dis-

ease they may be employed with success and certainty.

But as the key for this is still wanting, perhaps I am so fortunate as to be able to point out the principle, under the guidance of which the lacunæ in medicine may be filled up, and the science perfected by the gradual discovery and application, *on rational principles*, of a suitable specific* remedy for each, more especially for each chronic disease, from the hitherto known (and from still unknown) medicines. It is contained, I may say, in the following axioms.

Every powerful medicinal substance produces in the human body a kind of peculiar disease ; the more powerful the medicine, the more peculiar, marked, and violent the disease.†

We should imitate nature, which sometimes cures a chronic disease by superadding another, *and employ in the* (especially chronic) *disease we wish to cure, that medicine which is able to produce another very similar artificial disease*, and the former will be cured ; *similia similibus.*

We only require to know, on the one hand, the diseases of the human frame accurately in their essen-

* In this Essay my chief object is to discover a permanently acting specific remedy for (especially) chronic diseases. Those remedies which remove the ultimate cause, and the temporary acting remedies for acute diseases which in some cases receive the name of palliative medicines, I shall not touch on at present.

† The common people call those medicines *poisons* which produce the most powerful specific diseases, and which therefore are actually the most serviceable.

tial characteristics, and their accidental complications; and, on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, &c., and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate diseases.*

This axiom has, I confess, so much the appearance of an unfruitful, analytical, general formula, that I must hasten to illustrate it synthetically. But first let me call to mind a few points.

I. Most medicines have more than one action; at first a *direct* action, which gradually changes into the second (which I call the indirect secondary action).

* The cautious physician, who will go gradually to work, gives this ordinary remedy only in such a dose as will scarcely perceptibly develope the expected artificial disease, (for it acts by virtue of its power to produce such an artificial disease,) and gradually increases the dose, so that he may be sure that the proposed internal changes in the organism are produced with sufficient force, although with phenomena vastly inferior in intensity to the symptoms of the natural disease; thus a mild and certain cure will be effected. But if it is sought to go rapidly to work, with the otherwise fit and properly chosen remedy, the object may be certainly attained in this way too, though with some danger to life, as is often done in a rude manner by quacks among the peasants, and which they call miraculous, or horse cures, a disease of many years standing being cured in a few days; a proceeding that testifies to the truth of my principle, while at the same time it shows the hazardous nature of this mode of effecting it.

The latter is generally a state exactly opposed to the former.* In this way most vegetable substances act.

II. But few medicines are exceptions to this rule, continuing their primary action uninterruptedly, of the same kind, though always diminishing in degree, until after some time nought more of their action can be detected, and the natural condition of the organism is restored. Of this kind are the metallic (and other mineral ?) medicines, *e. g.*, arsenic, mercury, lead.

III. If in a case of chronic disease a medicine be given, whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. A somewhat too large dose of henbane readily causes, in its secondary action, great fearfulness; a derangement that sometimes lasts several hours. If it is troublesome, and we wish to diminish its duration, a small dose of opium affords specifically almost immediate relief, the fear goes away. Opium, indeed, in this case, acts only antagonistically, and as a pallia-

* Opium may serve as an example. A fearless elevation of spirits, a sensation of strength and high courage, an imaginative gaiety, is part of the direct primary action of a moderate dose on the system: but after the lapse of eight or twelve hours an opposite state sets in, the indirect secondary action; then ensue relaxation, dejection, diffidence, peevishness, loss of memory, discomfort, fear.

tive; but only a palliative and temporary remedy is required, in order to suppress effectually a transitory affection, as is also the case in acute diseases.

VI. Palliative remedies do so much harm in chronic diseases, and render them more obstinate, probably because after their first antagonistic action they are followed by a secondary action, which is similar to the disease itself.

V. The more numerous the morbid symptoms the medicine produces in its direct action, corresponding to the symptoms of the disease to be cured, the nearer the artificial disease resembles that sought to be removed, so much more certain is the result of its administration to be favourable.

VI. As it may be almost considered an axiom, that the symptoms of the secondary action are the exact opposite of those of the direct action, it is allowable for a master of the art, when the knowledge of the symptoms of the direct action is imperfect, to supply in imagination the lacunæ by induction, *i. e.* the opposite of the symptoms of the secondary action; the result, however, must only be considered as an addition to, not as the basis of, his conclusions.

After these preliminary observations, I now proceed to illustrate by examples my maxim, *that in order to discover the true remedial powers of a medicine for chronic diseases, we must look to the specific artificial disease it can develope in the human body, and employ it in a very similar morbid condition of the organism which is sought to be removed.*

Also the analogous maxim, *that in order to cure radically certain chronic diseases, we must search for medicines that can excite a similar disease (the more similar the better) in the human body*—will thereby become evident.

In my notes on Cullen's Materia Medica, I have already observed that *bark*, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, *most probably*, it overtops, and thus cures the latter. Now after mature experience, I add, not only *probably*, but *most certainly*.

I saw a healthy, sensitive person, of firm fibre, and half way through with her pregnancy, take five drops of the volatile oil of *chamomile* (*matricaria chamomilla*) for cramp in the calf of the leg. The dose was much too strong for her. First there was insensibility, the cramp increased, then occurred transient convulsions in the limbs, in the eyelids, &c. A kind of hysterical movement above the navel, not unlike labour pains, but more troublesome, lasted for several days. This explains how chamomile has been found so serviceable in after pains, in excessive mobility of the fibre, and in hysteria, when employed in doses in which it could not perceptibly develope the same phenomena, that is, in much smaller doses than the above.

A man who had been long troubled with constipation, but was otherwise healthy, had from time to time attacks of giddiness that lasted for weeks and

months. Purgatives did no good. I gave him *arnica root* (*arnica montana*) for a week, for I knew that it causes vertigo, in increasing doses, with the desired result. As it has laxative properties, it kept the bowels open during its employment, by antagonistic action, as a palliative; wherefore the constipation returned after leaving off the medicine; the giddiness, however, was effectually cured. This root excites, as I and others have ascertained, besides other symptoms, nausea, uneasiness, anxiety, peevishness, head-ache, oppression of the stomach, empty eructation, cuttings in the abdomen, and frequent scanty evacuations, with straining. These effects, not Stollen's description, induced me to employ it in an epidemic of simple (bilious) dysentery. The symptoms of it were uneasiness, anxiety, excessive peevishness, head-ache, nausea, perfect tastelessness of all food, rancid bitter taste on the (clean) tongue, frequent empty eructation, oppression of the stomach, constant cuttings in the abdomen, complete absence of fæcal evacuations, and instead, passage of pure grey or transparent, sometimes hard, white, flocculent mucus, occasionally intimately mixed with blood, or with streaks of blood, or without blood, once or twice a day, accompanied with the most painful constant straining and forcing. Though the evacuations were so rare, the strength sunk rapidly, much more quickly, however (and without amelioration, but rather aggravation of the original affection), when purgatives were employed. Those affected

were generally children, some even under one year old, but also some adults. The diet and regimen were proper. On comparing the morbid symptoms arnica root produces with those developed by this simple dysentery, I could confidently oppose to the totality of the symptoms of the latter, the collective action of the former. The most remarkable good effects followed, without it being necessary to use any other remedy. Before the employment of the root, I gave a powerful emetic,* which I had occasion to repeat in scarcely two cases, for arnica sets to right the disordered bile (also out of the body), and prevents its derangement. The only inconvenience resulting from its use in this dysentery was, that it acted as an antagonistic remedy against the suppression of fæces, and produced frequent, though scanty evacuations of excrement; it was consequently a palliative; the effect of this was, when I discontinued the root, continued constipation.†

In another less simple dysentery, accompanied with frequent diarrhœa, the arnica root might be

* Without using the arnica root, the emetics took away the rancid bitter taste for but one or two days; all the other symptoms remained, though they were ever so often repeated.

† I had to increase the dose daily, more rapidly than is necessary with any other powerful medicine. A child of four years of age got at first four grains daily, then seven, eight, and nine grains. Children of six or seven years of age could at first only bear six grains, afterwards twelve and fourteen grains were requsite. A child three quarters of a year old, which had taken nothing previously, could at first bear but two grains (mixed with warm water) in an enema; latterly six grains were necessary.

more useful and suitable, on account of this latter circumstance; its property of producing frequent fæcal evacuations in its primary direct action would constitute it a similarly acting, consequently, permanent remedy, and in its secondary indirect action it would effectually cure the diarrhœa.

This has already been proved by experience; it has been found excellent in the worst diarrhœas. It subdues them, because, *without weakening the body*, it generally causes frequent evacuations. In order to prove serviceable in diarrhœas without fæculent matter, it must be given in such small doses as not to produce perceptible purgation; or in diarrhœas with acrid matters, in larger purgative doses; and thus the object will be attained.

I saw glandular swellings occur from the misuse of an infusion of flowers of arnica; I am much mistaken if, in moderate doses, it will not remove such affections.

We should endeavour to find out if the *millefoil* (*achillea millefolium*) cannot itself produce hæmorrhages in *large* doses, as it is so efficacious in moderate doses in chronic hæmorrhages.

It is not to be wondered at that *valerian* (*valeriana officinalis*) in *moderate* doses cures chronic diseases with excess of irritability, since in large doses, as I have ascertained, it can exalt so remarkably the irritability of the whole system.

The dispute as to whether the *brooklime* (*anagallis arvensis*) and the bark of the *mistletoe* (*viscum*

album) possess great curative virtues or none at all, would immediately be settled, if it were tried on the healthy whether large doses produce bad effects, and an artificial disease similar to that in which they have been hitherto empirically used.

The specific artificial disease and the peculiar affections that the *spotted hemlock* (*conium maculatum*) causes, are not nearly so well described as they deserve; but whole books are filled with the empirical praises and the equally empirical abuse of this plant. It is true it can produce ptyalism, it may therefore possess an excitant action on the lymphatic system, and be of permanent advantage in cases where it is requisite to restrain the excessive action of the absorbent vessels.* Now as it, besides this, produces pains (in *large* doses violent pains) in the glands, it is easily conceived that in painful induration of the glands, in cancer, and in the painful nodes that the abuse of mercury leaves, it may be the best remedy, in *moderate* doses, not only for curing almost specifically this peculiar kind of chronic pains, in a more effectual and durable manner than the palliative opium and all other narcotic remedies which act in a different manner, but also for dispersing the glandular swellings themselves, when they either have their origin, as above described, in

* If employed in inactivity of these vessels, it will first act as a palliative; afterwards do little one way or other; and lastly, prove injurious, by the production of the opposite condition to that wished for.

excessive local or general activity of the lymphatic vessels, or occur in an otherwise robust frame, so that the removal of the pains is all that is required in order to enable nature to cure the complaint herself. Painful glandular swellings from external injuries are of this description.*

In true cancer of the breast, where an opposite state of the glandular system, a sluggishness of it, seems to predominate, it must certainly do harm on the whole (it may at first soothe the pains), and especially must it aggravate the disease when the system, as is often the case, is weakened by long continued suffering; and it will do harm so much the more rapidly, because its continued use produces as a secondary action, weakness of the stomach and of the whole body. From the very reason that it, like other umbelliferous plants, specifically excites the glandular system, it may, as the older physicians remarked, cure an excessive secretion of milk. As

* A healthy peasant child got, from a violent fall, a painful swelling of the under lip, which increased very much in the course of four weeks in hardness, size, and painfulness. The juice of the spotted hemlock applied to it, effected a cure without any relapse in fourteen days. A hitherto uncommonly healthy, robust girl, had severely bruised the right breast, whilst carrying a heavy burden, with the band of the basket. A small tumour arose, which for six months increased in violence of pain, in size, and hardness, at each monthly period. The external application of spotted hemlock juice cured it within five weeks. This it would have done sooner, had it not affected the skin, and produced there painful pustules, in consequence of which it had frequently to be discontinued for several days.

it shows a tendency to paralyze the nerves of sight in large doses, it is comprehensible why it has proved of service in amaurosis. It has removed spasmodic complaints, hooping cough, and epilepsy, because it has a tendency to produce convulsions. It will still more certainly be of use in convulsions of the eyes and trembling of the limbs, because in large doses it developes exactly the same phenomena. The same with respect to giddiness.

The fact that *garden hemlock* (*æthusa cynapium*), besides other affections, as vomiting, diarrhœa, colicky pains, cholera, and others, for the truth of which I cannot vouch, (general swelling, &c.,) produces so specifically imbecility, also imbecility alternately with madness, should be of use to the careful physician in this disease, otherwise so difficult of cure. I had a good extract of it prepared by myself, and once, when I found myself, from much mental work of various kinds coming upon me in rapid succession, distracted, and incapable of reading any more, I took a grain of it. The effect was an uncommon disposition for mental labour, which lasted for several hours, until bed-time. The next day, however, I was less disposed for mental exertion.

The *water hemlock* (*cicuta virosa*) causes, among other symptoms, violent burning in the throat and stomach, tetanus, tonic cramp of the bladder, lockjaw, erysipelas of the face, head-aches, and true epilepsy; all diseases for which we require efficient remedies, one of which, it may be hoped, will be found in this

powerfully-acting root, in the hands of the cautious physician.

Amatus the Portuguese observed that *cocculus seeds* (*menispermum cocculus*), in the dose of four grains, produced nausea, hiccough, and anxiety in an adult man. In animals they produced a rapid, violent, but when the dose was not fatal, a transitory stupefaction. Our successors will find in them a very powerful medicine, when the morbid phenomena these seeds produce shall be more accurately known. The Indians use the root of this tree, among other things, in malignant typhus (that accompanied by stupefaction).

The *fox-grape* (*paris quadrifolia*) has been found efficacious in cramps. The leaves cause, in large doses at all events, cramp in the stomach, according to the still imperfect experience we possess of the morbid phenomena they are capable of developing.

Coffee produces, in large doses, head-aches; it therefore cures, in moderate doses, head-aches that do not proceed from derangement of the stomach or acidity in the primæ viæ. It favours the peristaltic motion of the bowels in large doses, and therefore cures in smaller doses chronic diarrhœas, and in like manner the other abnormal effects it occasions might be employed against similar affections of the human body, were we not in the habit of misusing it. The effects of opium in stupifying the senses, and irritating the tone of the fibres, are destroyed by this berry in its character of an antagonistic palliative remedy,

and that properly and effectually, for here there is no persistent state of the organism, but only transitory symptoms to be combated. Intermittent fevers, too, where there is a want of irritability and inordinate tension of the fibres, precluding the employment of the otherwise specific bark, it apparently suppresses in large doses, merely as a palliative remedy; its direct action, however, in such large doses, lasts for two days.

Bitter-sweet (*solanum dulcamara*) produces, in large doses, among other symptoms, great swelling of the affected parts and acute pains, or insensibility of them, also paralysis of the tongue (and of the optic nerves?). In virtue of the last powerful action, it is not to be wondered at that it has cured paralytic affections, amaurosis,* and deafness, and that it will render still more specific service in paralysis of the tongue, in moderate doses. In virtue of the two first properties, it is a main remedy in chronic rheumatism, and in the nocturnal pains from the misuse of mercury. In consequence of its power of causing strangury, it has been useful in obstinate gonorrhœa, and from its tendency to bring about itching and shooting in the skin, it shows its utility in many cutaneous eruptions, and old ulcers, even such as arise from abuse of mercury. As it causes, in large doses, spasms of the hands, lips and eyelids, as also shaking of the limbs, so we may easily understand

* Loss of sight, from an affection of the retina, the optic nerve, or the brain. (Ed.)

how it has been useful also in spasmodic affections. In nymphomania it will probably be of use, as it acts so specifically on the female organization, and has the power of causing (in large doses) irritation and pain of the parts affected in that disorder.

The berries of the *black nightshade* (*solanum nigrum*) have caused extraordinary convulsions of the limbs, and also delirious raving. It is, therefore, probable that this plant will do good in what are called possessed persons (madness, with extraordinary, emphatic, often unintelligible talking, formerly considered prophesying and the gift of unknown tongues, accompanied by convulsions of the limbs), especially where there are at the same time pains in the region of the stomach, which these berries also produce in large doses. As this plant causes erysipelas of the face, it will be useful in that disease, as has already been ascertained from its external employment. As it causes, to a still greater degree than bitter-sweet, by being used internally, external swellings, that is, a transient obstruction in the absorbent system, its great diuretic power is only the indirect secondary result; and hence its great virtue in dropsy, *from similarity of action*, is plainly perceptible; a medicinal quality of so much the greater value, as most of the remedies we possess for this disease are merely antagonistically acting (exciting the lymphatic system in a merely transitory manner), and consequently palliative remedies, incapable of effecting a permanent cure. As, moreover, in large doses it causes

not only swelling, but general inflammatory swelling, with itching, and intolerable burning pains, stiffness of the limbs, pustular eruptions, desquamation of the skin, ulcers, and sphacelus,* where is the wonder that its external application has cured divers pains and inflammations? Taking all the morbid symptoms together, that the black nightshade produces, we cannot mistake their striking resemblance to raphania, for which it will, *most probably*, be a specific domestic remedy.

It is probable that the *deadly nightshade* (*atropa belladonna*) will be useful, if not in tetanus, at least in trismus (as it produces a kind of lockjaw), and in spasmodic dysphagia† (as it specifically causes a difficulty of swallowing); both these actions belong to its direct action. Whether its power over hydrophobia, if it do possess any, depends on the latter property alone, or also on its power of suppressing palliatively, for several hours, the irritability and excessive sensitiveness that are present in so great a degree in hydrophobia, I am unable to determine. Its power of soothing and dispersing hardened, painful, and suppurating glands, is owing, undeniably, to its property of exciting, in its direct action, boring, gnawing pains, in these glandular swellings. Yet I conceive that it acts antagonistically, that is, in a palliative and merely temporary manner, in those which proceed from excessive irritation of the ab-

* Mortification. (Ed.)

† Difficulty of swallowing; choking. (Ed.)

sorbent system (with subsequent aggravation, as is the case with all palliatives in chronic diseases); but by virtue of similarity, that is, permanently and radically on those arising from torpor of the lymphatic system. (Then it would be serviceable in those glandular swellings, in which the *spotted hemlock* (*conium maculatum*) cannot be used, and the latter will be useful, where the former does injury.) As, however, its continued employment (by reason of its indirect secondary action) exhausts the whole body, and when given in too large, or too often repeated doses, has a tendency to produce a gangrenous fever, its good effects will sometimes be destroyed by these secondary bad consequences, and fatal results may ensue (especially in the case of cancerous patients, whose vital powers have been exhausted by the sufferings of many years), if it be not cautiously employed. It produces directly mania (as also, as above described, a kind of tonic cramp), but clonic cramps (convulsions) it only produces as a secondary action, by reason of the state of the organism that remains after the direct action of belladonna (obstruction of the animal and natural functions). Hence its power in epilepsy with raving, is always most conspicuous upon the latter symptom, whilst the former is generally only changed by the antagonistic (palliative) action of belladonna, into trembling, and such like spasmodic affections peculiar to weakened irritable bodies. All the spasmodic symptoms that belladonna produces in its direct primary action are of a tonic character;

true, the muscles are in a state of paralytic relaxation, but their deficient irritability causes a kind of immobility, and a feeling of health, as if contraction were present. As the mania it excites is of a wild character, so it soothes manias of this sort, or at least deprives them of their stormy nature. As it extinguishes memory in its direct action,* nostalgia (home sickness) is aggravated, and, as I have learned, is even produced by it.

Moreover, the increased discharge of urine, sweat, menses, fæces, and saliva, which have been observed, are merely consequences of the antagonistic state of the body, remaining after an excessive exaltation of the irritability, or else sensitiveness during the indirect secondary action, when the direct primary action of the drug is exhausted, during which, as I have several times observed, all these excretions are often completely suppressed by large doses for ten hours, and more. Therefore, in cases where these excretions are discharged with difficulty, and excite some serious disease, belladonna removes this difficulty permanently and completely, as a similarly-acting remedy, if it be owing to tension of the fibres, and want of irritability and sensation. I say, purposely, *serious disease*, for only in such cases is it allowable to employ one of the most violent of medicines, which demands such caution in its use. Some kinds of dropsy, green sickness, &c., are of this nature. The

* It will, therefore, be useful in weakness of memory.

great tendency of belladonna to paralyze the optic nerve, makes it important, as a similarly-acting remedy, in amaurosis.* In its direct action it prevents sleep, and the deep sleep which subsequently ensues is only in consequence of the opposite state produced by the cessation of this action. By virtue, therefore, of this artificial disease, belladonna will cure chronic sleeplessness (from want of irritability) more permanently than any palliative remedy.

It is said to have been found beneficial in dysentery; probably, as, in its direct action, it retards the stool, in the most simple cases of diarrhœa, with suppressed fæcal evacuations, and rare motions, but not in dysentery with lienteric diarrhœa,† where it must do positive harm. Whether, however, it is appropriate for dysentery, by reason of its other actions, I am unable to say.

It produces apoplexy; and if it have, as we are told, been found serviceable in serious apoplexy, it is owing to this property. Besides this, its direct action causes an internal burning, with coldness of the external parts.

Its direct action lasts twelve, twenty-four, and forty-eight hours. Hence, a dose should not be repeated sooner than after two days. A more rapid repetition of ever so small a dose must resemble in

* I have myself seen the good effects of it in this disease.

† A species of diarrhœa, in which the food has only been partially digested. (Ed.)

its (dangerous) effects the administration of a large dose. Experience teaches this.

The fact that *henbane* (*hyosciamus niger*) in large doses diminishes remarkably the heat of the body and relaxes its tone for a short time in its direct action, and therefore is an efficacious palliative remedy when given in moderate doses inwardly and outwardly in sudden attacks of tension of the fibres and inflammmation, does not fall to be considered in this place. This is not the case, however, with the observation, that this property only enables it to palliate very imperfectly, in any dose, chronic affections with tension of the fibres; in the end, however, it rather increases than diminishes them by its indirect secondary action, which is exactly the opposite of its primary action. On the other hand, it will help to assist the power of the strengthening remedy in chronic relaxation of the fibres, as in its primary action it relaxes, and in its secondary action it tends all the more to elevate the tone, and that in a durable manner. In *large* doses it likewise possesses the power of producing hæmorrhage, especially bleeding of the nose, and frequently recurring catamenial flux, as I and others have ascertained. For this reason it cures chronic hæmorrhages, in small doses, in an extremely effectual and lasting manner. The most remarkable thing is the artificial disease it produces in *very large* doses, suspicious, quarrelsome, spitefully-calumnious, revengeful, destructive,

fearless,* mania (hence, henbane was termed by the ancients *altercum*); and this is the kind of mania it specifically cures, only that in such cases a tenseness of fibre sometimes hinders its effects from being permanent. Difficulty of moving, and insensibility of the limbs, and the apoplectic symptoms it produces, it may also very probably be capable of curing. In large doses it produces, in its direct primary action, convulsions, and is consequently useful in epilepsy, probably also in the loss of memory usually accompanying it, as it has the power of producing want of recollection.

Its power of causing in its direct action sleeplessness with constant tendency to slumber, makes it in chronic sleeplessness a much more permanent remedy than the frequently merely palliative opium, especially as it at the same time keeps the bowels open, although only by the indirect secondary action of each dose, consequently in a palliative way. It causes dry cough, dryness of the mouth and nose, in its direct action; it is, therefore, very useful in tickling cough, probably, also, in dry coryza.† The flow of mucus from the nose, and flow of saliva observed from it, only belong to its indirect secondary action. The seeds cause convulsions in the facial and ocular muscles, and by their action on the head, cause vertigo, and a dull pain in the membranes lying under the

* The subsequent indirect secondary action is a kind of faintheartedness and fearfulness.

† Nasal catarrh; stuffing in the head. (Ed.)

skull. The practical physician will be able to take advantage of this. Its direct action lasts scarcely twelve hours.

The *thorn-apple* (*datura stramonium*) causes extraordinary waking dreams, unconsciousness of what is going on, loud delirious talking, like a person speaking in sleep, with mistakes respecting personal identity. A similar kind of mania it cures specifically. It excites very specific convulsions, and has thus often proved useful in epilepsy. Both properties render it serviceable in the case of persons possessed. Its power of extinguishing recollection should induce us to try it in cases of weak memory. It is most useful where there is great mobility of the fibre, because its direct action in large doses is increased fibrous mobility. It causes (in its direct action?) heat and dilatation of the pupil, a kind of dread of water, swollen, red face, twitching in the ocular muscles, retarded stool, difficult breathing; in its secondary action, slow, soft pulse, perspiration, sleep.

The direct action of large doses lasts about twenty-four hours; of small doses, only three hours. Vegetable acids, and apparently citric acid in particular, suddenly put a stop to its whole action.* The

* A patient, who was always violently affected by two grains of the extract of the plant, once experienced not the slightest effects from this dose. I learned that he had partaken of the juice of a large number of red currants; a considerable dose of pulverized oyster-shells at once restored the full efficacy of the thorn-apple.

other species of datura seem to act in a similar manner.

The specific properties of *Virginian tobacco* (*nicotiana tabacum*) consist, among other things, in diminishing the external senses, and obscuring the intellect; it may, therefore, be useful in weakness of mind. Even in a very small dose, it excites the muscular powers of the primæ viæ violently; a property which is valuable as a temporary oppositely-acting remedy (as is well known, though it does not fall to be considered here); and as a similarly-acting remedy it is probably serviceable in chronic disposition to vomiting and to colics, and spasmodic constriction of the œsophagus, as indeed experience partially corroborates. It diminishes the sensibility of the primæ viæ; hence its palliative power of lessening hunger (and thirst?) In larger doses, it deprives of their irritability the muscles of voluntary motion, and temporarily removes from them the influence of the cerebral power. This property may give it, as a similarly-acting remedy, curative powers in catalepsy; but this very property makes its constant employment in large quantities (as with tobacco-smokers and snuff-takers) so injurious to the tranquil state of the muscles belonging to the animal functions, that a tendency to epilepsy, hypochondria, and hysteria, are in course of time developed. The remarkable fact, that the employment of tobacco is so agreeable to insane persons, arises from the instinct of those unfortunates to produce a palliative

obtuseness in the sensibility of their hypochondria* and brain (the two usual seats of their complaints). But as it is here an oppositely-acting remedy, it gives them but temporary relief; their desire for it increases, but the end for which it is taken is not attained,—on the whole, the complaint is thereby increased, as it affords no permanent service. Its direct action is limited to a few hours, except in the case of very large doses, which extend to twenty-four hours (at the farthest).

The seeds of the *poison-tree* (*strychnos nux vomica*) are very powerful; but the morbid symptoms it produces are not yet accurately known. The most I know concerning them is derived from my own observation. They produce vertigo, anxiety, febrile rigor, and in their secondary action a certain immobility of all parts, at least of the limbs, and a spasmodic stretching, according to the size of the dose. Hence they are useful not only, as is already known, in intermittent fever, but in cases of apoplexy. In their first direct action, the muscular fibre has a peculiar mobility imparted to it, the sensitive system is morbidly exalted to a species of intoxication, accompanied by fearfulness and horror. Convulsions ensue. The irritability seems to exhaust itself during

* To this belongs the feeling of insatiable hunger, which many insane persons suffer from, and for which they generally appear to use tobacco; at least, I have seen some, who had no desire for tobacco, especially such as were affected with melancholia, who had very little hunger.

this continued action on the muscular fibre, first in the animal, then in the vital functions. On passing into the indirect secondary action, there occurs a diminution of the irritability, first in the vital functions (general perspiration), then in the animal, and lastly in the natural functions. In the latter, especially, this secondary action lasts several days. During the secondary action, there is a diminution of sensibility. Whether in the primary direct action the tonicity of the muscle is diminished, to be proportionately increased in the secondary action, cannot be accurately determined; so much, however, is certain, that the contractility of the fibre is as much diminished in the secondary action, as it was increased in the direct action.

If this be true, nux vomica produces attacks similar to hysterical and hypochondriacal paroxysms, and this explains why it is so often useful in these complaints.

Its tendency to excite, in its primary direct action, the contractility of the muscles, and cause convulsions, and then again in its secondary action to diminish to an excessive degree the contractility of the muscles, shows such a resemblance to epilepsy, that from this very circumstance we must have inferred that it would heal this disease, had not experience already demonstrated it.

As it excites, besides vertigo, anxiety and febrile rigor, a kind of delirium consisting in levity, sometimes frightful visions, and tension in the stomach,

so it once quickly subdued a fever in a laborious reflective mechanic in the country, which began with tension in the stomach, followed by a sudden attack of vertigo, so as to make him fall, that left behind it a kind of confusion of the understanding, with frightful, hypochondriacal ideas, anxiety, and exhaustion. In the morning he was pretty lively and not exhausted, but in the afternoon, about two o'clock, the attack commenced. He got nux vomica, in increasing doses, one daily, and improved. At the fourth dose, which contained seventeen grains, there occurred great anxiety, immobility and stiffness of the limbs, ending in a profuse perspiration. The fever and all the nervous symptoms disappeared, and never returned, although for many years previously he had from time to time been subject to such attacks suddenly occurring, yet unaccompanied by fever.

Its tendency to cause cramps in the abdomen, anxiety and pain in the stomach, I availed myself of in a dysenteric fever (without purgings), in persons living in the same house with dysenteric patients. In these cases it diminished the feeling of discomfort in the limbs, the feverishness, the anxiety, and the pressure in the stomach; it produced the same good results in some of the patients, but as they had simple dysentery without diarrhœa, it made the evacuations still rarer, from its tendency to cause constipation. The signs of deranged biliary secretion showed themselves, and the dysenteric evacuations, though rarer, were accompanied by just as

great tenesmus as before, and were of as bad a character. The symptom of loss of taste, or perverted taste, remained. Its tendency to diminish the peristaltic movements was therefore disadvantageous in the true simple dysentery. In diarrhœas, even such as are of a dysenteric character, it will be more serviceable, at least as a palliative remedy. During its employment, I witnessed twitching movements under the skin, as if caused by live animals, in the limbs, and especially in the abdominal muscles.

St. Ignatius' bean (*Ignatia amara*) has been observed to produce trembling of several hours duration, twitchings, cramps, irascibility, sardonic laughter, giddiness, cold perspiration. In similar cases it will show its efficacy, as experience has partly demonstrated. It produces febrile rigor, and (in its secondary action?) stiffness of the limbs, and thus it has cured, by similarity of action, intermittent fever, which would not yield to bark; probably it was that less simple form of intermittent in which the complication consisted of excessive sensitiveness and increased irritability (especially of the primæ viæ). But the other symptoms it can produce must be more accurately observed, before we can employ it in those cases for which it is exactly suited from similarity of symptoms.

The *purple foxglove* (*digitalis purpurea*) causes the most excessive disgust at food; during its continued use, therefore, ravenous hunger not unfrequently ensues. It causes a kind of mental derangement,

which is not easily recognisable, as it only shows itself in unmeaning words, refractory disposition, obstinacy, cunning, disobedience, inclination to run away, &c., which its continued use frequently removes. Now as, in addition to these, it produces in its direct action violent headaches, giddiness, pain in the stomach, great diminution of the vital powers, sense of dissolution and the near approach of death, a diminution of the rapidity of the heart's beats by one half, and reduction of the vital temperature, it may easily be guessed in what kind of madness it will be of service; and that it has in fact been useful in some kinds of this disease, many observations testify, only their particular symptoms have not been recorded. In the glands it creates an itching and painful sensation, which accounts for its efficacy in glandular swellings.

It produces, as I have seen, inflammation of the Meibomian glands, and is a certain cure for such inflammations. Moreover, as it appears to depress the circulation, so does it seem to excite the absorbent vessels, and to be most serviceable where both are too torpid. The former it assists by virtue of similarity, the latter by virtue of antagonism of action. But as the direct action of foxglove persists so long (there are examples of its lasting five or six days), it may, as an antagonistically acting remedy, take the place of a permanent curative agent. The last observation is in reference to its diuretic property in dropsy; it is antagonistic and palliative, but

nevertheless enduring, and valuable on that account merely.

In its secondary action it causes a small, hard, rapid pulse; it is not therefore so suitable for patients that have a similar (febrile) pulse, but rather for such as have a pulse like what foxglove produces in its direct action—slow, soft. The convulsions it causes in large doses, assign it a place among the anti-epileptic remedies; probably it is only useful in epilepsy under certain conditions, to be determined by the other morbid symptoms it produces. During its use, objects not unfrequently appear of various colours, and the sight becomes obscured; it will remove similar affections of the retina. (Its tendency to produce diarrhœa, sometimes so adverse to the cure, is counteracted, as I have ascertained, by the addition of potash.)

As the direct action of foxglove lasts occasionally several days (the longer its use is continued, the longer lasts the direct action of each dose; a very remarkable fact, not to be lost sight of in practice,) it is evident how erroneously those act, who, with the best intentions, prescribe it in small doses, but frequently repeated, (the action of the first not having expired before they have already given the sixth or eighth,) and thus in fact they give, although unwittingly, an enormous quantity, which not unfrequently causes death.* A dose is necessary only every three,

* A woman in Edinburgh got for three successive days, each day, three doses, consisting of two grains of the pulverized leaves

or at most every two days, but the more rarely the longer it has been used. (During the continuance of its direct action, cinchona bark must not be prescribed; it increases the anxiety caused by foxglove, as I have found, to an almost mortal agony.)

The *pansy violet* (*viola tricolor*) at first increases cutaneous eruptions, and thus shows its power to produce skin diseases, and consequently to cure the same effectually and permanently.

Ipecacuanha is used with advantage in affections against which nature herself makes some efforts, but is too powerless to effect the desired object. In these ipecacuanha presents to the nerves of the upper orifice of the stomach, the most sensitive part of the organ of vitality, a substance that produces a most uncongenial disgust, nausea, anxiety, thus acting in a similar manner to the morbid material that is to be removed. Against this double attack, nature exerts antagonistically her powers with still greater energy, and thus, by means of this increased exertion, the morbid matter is the more easily removed. Thus fevers are brought to the crisis, stoppages in the viscera of the abdomen and of the chest, and in the womb, put in motion, miasmata of contagious diseases expelled by the skin, cramp relieved by the cramp that ipecacuanha itself produces, their tension

of foxglove, and it was a matter of surprise that she died from such small doses, after vomiting for six days. It must be remembered, however, that it was the same as if she had taken eighteen grains at one dose.

and freedom restored to vessels disposed to hæmorrhage from relaxation, or from the irritation of an acrid substance deposited in them, &c. But most distinctly does it act as a similarly acting remedy to the disease sought to be cured, in cases of chronic disposition to vomit without bringing anything away. Here it should be given in very small doses, in order to excite frequent nausea, and the tendency to vomit goes off more and more radically at each dose, than it would with any palliative remedy.

Some benefit may be anticipated in some kinds of chronic palpitation of the heart, &c., from the administration of the *rose-bay* (*nerium oleander*), which has the power of causing palpitation, anxiety, and fainting. It causes swellings of the abdomen and diminution of the vital temperature, and seems to be a most powerful vegetable.

The morbid symptoms produced by the *nerium antidysentericum* are not sufficiently known to enable us to assign the cause of its real remedial powers; but as it primarily increases the stools, it apparently subdues diarrhœas as a similarly acting remedy.

The *bear's-berry* (*arbutus uva ursi*) has actually, without possessing any acridity perceptible to the senses, not unfrequently increased the difficulty of passing water, and the involuntary flow of urine, by some power peculiar to itself; thereby showing that it has a tendency to produce such affections, and hence, as experience also testifies, it is capable of curing similar disorders in a permanent manner.

The *golden-flowered rhododendron* (*rhododendron chrysanthum*) shows, by the burning, formicating, and shooting pains it produces in the parts affected, that it is certainly fitted to relieve, by similarity of action, pains in the joints of various kinds, as experience also teaches. It causes difficulty of breathing and cutaneous eruptions, and thus it will prove useful in similar disorders, as also in inflammation of the eyes, because it produces lacrymation and itching of the eyes.

The *marsh-tea* (*ledum palustre*) causes, as I have ascertained, among other effects, difficult, painful respiration; this accounts for its efficacy in hooping cough, probably also in morbid tightness of the chest. Will it not be useful in pleurisy, as its power of so greatly diminishing the temperature of the blood (in its secondary action) will hasten recovery? It causes a painful shooting sensation in all parts of the throat, as I have observed, and hence its uncommon virtues in malignant and inflammatory sore throat. Equally specific is, as I have noticed, its power of causing troublesome itching in the skin, and hence its great efficacy in chronic skin diseases.

The anxiety and the faintings it occasions may prove of use in similar cases. As a transitory and antagonistically acting powerful diuretic and diaphoretic remedy, it may cure dropsies; more certainly, however, acute, than chronic.

On some of these properties depends its reputation in dysentery. But were they real cases of dysentery,

or some of those painful diarrhœas so often taken for it? In the latter case it may, as a palliative remedy, certainly hasten the cure, and even help to complete it; but in true uncomplicated dysentery, I have never seen it of any use. The long-continued weakness it occasions was against its being used for a length of time, and it ameliorated neither the tenesmus nor the character of the excretions, though these became more rare. The symptoms of deranged biliary secretion were rather worse during its use, than when the patients were left without medicine. It causes a peculiar ill-humour, head-ache, and mental confusion; the lower extremities totter, and the pupils dilate. (Do both the latter symptoms, or merely the last, belong to the secondary action only?) An infusion of ten grains once a day was a sufficient dose for a six years' old child.

The primary direct action of *opium* (*papaver somniferum*) consists in transitory elevation of the vital powers, and strengthening of the tone of the blood-vessels and muscles, especially of those belonging to the animal and vital functions, as also in excitation of the mental organs—the memory, the imagination, and the organ of the passions;—thus, moderate doses are followed by a disposition to work, sprightliness in conversation, wit, remembrance of former times, amorousness, &c.; large doses by boldness, courage, revenge, inordinate hilarity, lasciviousness; still large doses by madness, convulsions. The greater the dose, the more do the individuality, the freedom,

and the voluntary power of the mind suffer in sensations, capability of judgment and of acting. Hence, inattention to external disagreeable circumstances, to pain, &c. This condition, however, does not last long. It is gradually followed by loss of ideas, the pictures of fancy fade by degrees, there supervene relaxation of the fibre, sleep. If the use of elevated doses is continued, the consequences (indirect secondary action) are, weakness, sleepiness, listlessness, grumbling, discomfort, sadness, loss of memory (insensibility, imbecility), until a new excitation by opium, or something similar, is produced. In the direct action, the irritability of the fibre seems to be diminished in the same proportion as its tone is increased; in the secondary action, the latter is diminished, the former increased.* The direct action prevents the mind still more than the secondary action from taking cognizance of sensations (pain, sorrow, &c.), and hence its great pain-subduing power.

(In cases where the direct action as a cordial is necessary, it will be requisite to repeat the adminis-

* There occurs a marked sensitiveness, especially for things that produce disagreeable effects, for fright, grief, fear, for inclement weather, &c. If the mobility of the fibre which occurs secondarily is called increased irritability, I have nothing to object to the term; its seat of action, however, is but small: it is either that the fibre is too relaxed, and cannot contract much, or that it is in a too contracted condition, and is relaxed easily indeed, but not sufficiently, consequently is incapable of making any powerful effort. In this condition of the fibre, the tendency to chronic inflammation is unmistakeable.

tration of it every three or four hours, that is, each time before the relaxing secondary action which so much increases the irritability ensues. In all such cases it acts merely antagonistically, as a palliative remedy. Permanent strengthening powers are not to be expected from it used in this manner, least of all in chronic weakness. This, however, is a digression.)

But if it is wished to depress permanently the tone of the fibre (I give this name to the power of the fibre to contract and relax completely), to diminish permanently the deficiency of irritability, as is the case in some cases of mania, in such circumstances we may employ opium with success, as a similarly acting remedy, given in elevated doses, and making use of its indirect secondary action. According to this principle we must judge of the treatment which consists in giving opium in true inflammatory diseases, *e. g.*, pleurisy.

In such cases, a dose is necessary every twelve or twenty-four hours.

It appears that this indirect secondary action has been made use of on the principle of a similarly acting remedy; which, as far as I am aware, is not the case with any other medicine. Opium has, for instance, been given with the greatest success, not in true syphilitic diseases, for that would be a delusion, but in the disastrous effects that so often arise from the abuse of mercury in syphilis, which are sometimes much worse than the syphilis itself.

Before illustrating this employment of opium, I must say something appropriate to the subject, concerning the nature of syphilis, and introduce here what I have to say concerning mercury.

Syphilitic disease depends upon a virus, which, besides other peculiarities that it developes in the human body, has an especial tendency to produce inflammatory and suppurating swellings of the glands (to weaken the tone?) to make the mechanical connexion of the fibres so disposed to separation, that numerous spreading ulcers arise, whose incurable character may be known by their round figure; and lastly, to increase the irritability. Now, as such a chronic disease can only be cured by a remedy capable of developing a disease of similar character, no more efficacious remedy could be conceived than mercury.

The most remarkable power of mercury consists in this, that in its direct action it irritates the glandular system, (and leaves behind it glandular indurations as its secondary indirect action,) weakens the tone of the fibres and their connexion, and disposes them to separation in such a manner, that a number of spreading ulcers arise, whose incurable nature is shown by their round form; and lastly, increases uncommonly the irritability (and sensibility). Experience has confirmed it as a specific; but as there does not exist any remedy exactly similar to the disease, so the mercurial disease (the changes and symptoms it usually produces in the body) is still

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very different from the nature of syphilis. The syphilitic ulcers are confined to the most superficial parts, especially the deuteropathic ones, (the protopathic ulcers increase slowly in extent,) they secrete a viscid fluid in place of pus, their borders are almost level with the skin (except the protopathic ones), and are almost quite painless (excepting the protopathic ulcer, that arising from the primary infection, and the suppurating inguinal gland). The mercurial ulcers burrow deeper, (rapidly increase in size,) are excessively painful, and secrete sometimes an acrid thin ichor; sometimes they are covered with a dirty cheesy coating, which also overlays their borders. The glandular swellings of syphilis remain but for a few days; they are either rapidly resolved, or the gland suppurates. The glands attacked by mercury are stimulated to increased action by the direct action of this metal, (and thus glandular swellings from other causes disappear rapidly under its use,) or they are left in the state of cold indurations during the indirect secondary action. The syphilitic virus produces induration of the periosteum* of those bones which are nearest the surface and least covered with flesh; they are the seat of excessive pains. In our days this poison, however, never produces caries,† notwithstanding all my researches to discover the contrary. Mercury destroys the connexion of the solid parts, not of the

* The membrane which surrounds the bones. (Ed.)

† Ulceration of the bones. (Ed.)

soft parts only, but also of the bones; it first corrodes the most spongy and concealed bones, and this caries is only aggravated the more rapidly by the continued use of the metal. Wounds which have arisen from external violence are changed by the use of mercury into old ulcers, difficult of cure; a circumstance that does not occur with syphilis. The trembling, so remarkable in the mercurial disease, does not occur in syphilis. From the use of mercury there ensues an insidious, very debilitating fever, with thirst, and great and rapid emaciation. The emaciation and weakness from syphilis come on slowly, and remain within moderate limits. Excessive sensitiveness and sleeplessness are peculiar to the mercurial disease, but not to syphilis. The most of these symptoms seem to be owing rather to the indirect secondary action, than to the direct action of the mercury.

I have been so circumstantial on this subject, because it is often very difficult* for the practitioner to distinguish the chronic mercurial disease from the symptoms of syphilis; and thus he will be apt to consider symptoms as belonging to that disorder, whilst they are only mercurial, and go on treating them with mercury, whereby so many patients are destroyed; chiefly, however, because my object is to

* Stoll (Rat. Med. Part III. p. 442,) doubts if there are certain signs of a perfectly cured syphilitic disease, *i. e.*, he himself knew not the signs whereby this disease is distinguishable from the mercurial disease.

depict the mercurial disease, in order to show how opium can cure it, in virtue of similarity of action.

Opium raises the sinking forces of patients suffering from the mercurial disease, and allays their irritability, when its direct action is kept up, that is, when it is given at least every eight hours; and this it does as an antagonistically-acting remedy. This happens, however, only when it is given in large doses, proportioned to the degree of weakness and irritability, just as it is serviceable only in large and oft-repeated doses in the excessive irritability of hysterical and hypochondriacal patients, and in the excessive sensibility of exhausted individuals. The normal condition of the body seems thereby to be restored; a secret metamorphosis seems to take place in the organism, and the mercurial disease is gradually conquered. The convalescent patient can only bear smaller and smaller doses. Thus the mercurial disease seems to be vanquished by the palliative antagonistic power of the opium; but any one who is aware of the almost uneradicable nature of the mercurial disease, the irresistible manner in which it destroys and dissolves the animal frame when it is at its height, will be convinced that a mere palliative could never master this excessively chronic malady, were it not that the secondary actions of opium were very analogous to the mercurial disease, and that these tended to overcome the latter. The secondary effects of the continued use of opium in large doses,

increased irritability, weakness of the tone, easy separation of the solids, and difficult curability of wounds, trembling, emaciation of the body, drowsy sleeplessness, are very similar to the symptoms of the mercurial disease; and only in this do they differ, that those of mercury, when they are severe, last for years, often for a lifetime, whilst those of opium last but hours or days. Opium must be used for a long time, and in enormous doses, for the symptoms of its secondary action to last for weeks, or longer. These abbreviated secondary effects of opium, whose duration is limited to a short time, are thus the true antidote of the mercurial secondary effects in their greatest degree, which are almost unlimited in their duration; from them alone, almost, can one expect a permanent, true recovery. These secondary actions can develope their curative power during the whole treatment, in the interval betwixt the repetition of the doses of opium, as soon as the first direct action of each dose is passed, and when its use is discontinued.

Lead produces, in its primary action on the denuded nerves, (belonging to muscular action?) a violent tearing pain, and (thereby?) relaxes the muscular fibre to actual paralysis; it becomes pale and withered, as dissection shows, but its external sensibility still remains, though in a diminished degree. Not only is the power of contraction of the affected fibres diminished, but the motion that still

remains is more difficult than in similar relaxations, from almost total loss of the irritability.* This, however, is observed only in the muscles belonging to the natural and animal functions, but in those belonging to the vital functions this effect occurs without pain and in a less degree. As the reciprocal play of the vascular system becomes slower, (a hard, slow pulse,) this satisfactorily explains the diminished temperature of the blood attending the action of lead.

Mercury also diminishes the mutual attraction of the various parts of the muscular fibres, but increases their susceptibility for the excitant, so as to impart to them an excessive mobility. Whether this effect be the direct or the indirect secondary action, suffice that it is very enduring; and hence, even if of the latter character, would be very efficacious, as an oppositely-acting remedy in the lead disease; if of the first character, however, it will act as a similarly-acting remedy. Rubbed in externally, as well as given internally, mercury has an almost specific influence over the lead disease. Opium increases in its direct action the contraction of the muscular fibre, and diminishes its irritability. By virtue of the former property, it acts as a palliative in the lead disease; by

* The convulsive vomiting and dysenteric diarrhœa which sometimes follow the ingestion of large quantities of lead, must be explained on other principles, and do not fall to be considered here; neither does the vomiting that ensues from large doses of opium.

the latter, however, permanently, as a similarly-acting remedy.

From the above idea of the nature of the lead disease, it will be seen that the service this metal (lead) has afforded, when cautiously used in diseases, depends entirely on its antagonistic, though uncommonly long-lasting, action, the consideration of which does not belong to this Essay.

The true nature of the action of *arsenic* has not yet been accurately investigated. This much I have myself ascertained, that it has a great tendency to excite that spasm in the blood-vessels, and the shock in the nervous system, called febrile rigor. If it be given in a pretty large dose (one-sixth or one-fifth of a grain) to an adult, this rigor becomes very evident. This tendency makes it a very powerful remedy as a similarly-acting medicine in intermittent fever, and this all the more, as it possesses the power, observed by me, of exciting a daily-recurring, although always weaker, paroxysm, even although its use be discontinued. In typical diseases of all kinds, (in periodical head-ache, &c.,) this type-exciting property of arsenic in small doses (one-tenth to at most one-sixth of a grain in solution) becomes valuable, and will, I venture to guess, become invaluable to our perhaps bolder, more observant, and more cautious posterity. As its action lasts several days, so, frequently-repeated doses, be they ever so small, accumulate in the body to an enormous, a dangerous dose. If, then, it be found necessary to give a dose daily, each successive

dose should be at least a third smaller than the previous one. A better procedure is, when we have to treat short typical diseases with, say two days' interval, always to prescribe a dose only for one fit two hours before it is expected, pass over the following fit without giving any arsenic, and another dose only about two hours before the third fit. It will be best to act so even in the case of fever, with four days' interval, and only commence to treat the series of intermediate paroxysms when we have attained our object with regard to the first series of paroxysms. (In the case of longer intervals, as seven, nine, eleven, and fourteen days, a dose may be prescribed before each fit.) The continued use of arsenic in large doses causes gradually an almost constant febrile state; it will thus, as indeed experience has, to a certain degree, taught us, prove useful in hectic and remittent fever, as a similarly-acting remedy, in small doses (about one-twelfth of a grain). Such a continued employment of arsenic, however, will always remain a masterpiece of art, as it possesses a great disposition to diminish the vital heat and the tone of the muscular fibre. (Hence, paralysis, from a strong dose, or a long-continued and incautious employment of it.) These latter properties will enable it to prove of service as an antagonistic remedy in pure inflammatory diseases. It diminishes the tone of the muscular fibre, by diminishing the proportion and cohesion of the coagulable lymph in the blood, as I have convinced myself, by drawing blood

from persons suffering from the effects of arsenic, more especially such as had a too inspissated blood before the use of this metallic acid. But not only does it diminish the vital heat, and the tone of the muscular fibre, but also, as I think I have fairly proved to myself, the sensibility of the nerves. (Thus, in cases of maniacs, with tense fibre, and inspissated blood, a small dose of it procures quiet sleep, in its capacity of an antagonistically-acting substance, where all other remedies fail. Persons poisoned by arsenic are more composed about their state, than might be expected. Thus, it generally seems to kill more by extinguishing the vital power and sensibility, than by its corrosive and inflammatory power, which is only local and circumscribed. This being borne in mind, the rapid decomposition of the bodies of those poisoned by arsenic, like cases of death by mortification, will be readily comprehended.) It weakens the absorbent system, a circumstance whence, perhaps, we may one day derive some curative power (as a similarly or as an antagonistically-acting remedy?), but which must be always a powerful objection to its long-continued use. I would direct attention to its peculiar power of increasing the irritability of the fibre, especially of the system of the vital functions. Hence cough, and hence the above-mentioned chronic febrile actions.

When arsenic is used for a length of time, and in pretty large doses, it seldom fails, especially if diaphoretics and a heating diet be used simultaneously,

to cause some chronic cutaneous disease (at least, desquamation of the skin). This tendency renders it an efficacious remedy in the hands of the Indian physician, in that frightful skin disease, elephantiasis. Would it not also be serviceable in pellagra?* If it be truly (as is confidently affirmed) of service in hydrophobia, it must act by virtue of its power to diminish (the influence of the nerves on) the attraction of the parts of the muscular fibre and its tone, as also the sensibility of the nerves, therefore antagonistically. It produces acute, continued pains in the joints, as I have seen. I shall not attempt to determine how we may avail ourselves of this property in a curative point of view.

What influence the arsenic disease, the lead disease, and the mercurial disease, may have over each other, and if the one may be destroyed by means of the other, future observations can alone decide.

Should the accidents produced by a long-continued use of arsenic become threatening (besides the employment of sulphuretted hydrogen in drinks and baths to extirpate what still remains of the substance of the metal), the free use of opium in the same manner as in the mercurial disease (see above) will be of service.

I revert again to vegetable substances; and first, I

* A morbid condition of the skin, very prevalent among the peasantry of the northern states of Italy. (Ed.)

shall mention a plant, which in violence and constancy of action, deserves to be placed alongside the mineral poisons; I allude to the *yew* (*taxus baccata*). Great circumspection must be employed in the use of its various parts, more particularly of the bark of the tree when in flower; the cutaneous eruptions, with signs of gangrenous decomposition of the fibre, which sometimes occur several weeks after the last dose, the fatal catastrophe that sometimes takes place suddenly, sometimes several weeks, after the last dose, with symptoms of mortification, &c., teach us this. It produces, it appears, a certain acridity in all the fluids, and an inspissation of the lymph; the vessels and fibres are irritated, and yet their functions are more impeded than facilitated. The scanty evacuations, accompanied by tenesmus, the dysuria, the viscid, salt, acrid saliva, the viscid, fœtid sweat, the cough, the flying, acute pains in the limbs after perspiration, the podagra,* the inflammatory erysipelas, the pustules on the skin, the itching and redness of the skin, underneath which the glands lie, the artificial jaundice, the horripilation, the continued fever, &c., it produces, are all proofs of this. But the observations are not accurate enough to enable us to determine which is the primary, which the secondary action. The direct action seems to continue for a considerable time. A lax, unexcitable state of the fibres and vessels, especially of those belonging to

* Gout in the feet. (Ed.)

the absorbent system, which seem partly deprived of vital power, appears to be its secondary action. Hence the perspiration, the flow of saliva, the frequent discharge of watery urine, the hæmorrhages (a dissolved state of the red parts of the blood); and after large doses, or too long-continued employment, the dropsy, the obstinate jaundice, the petechiæ, the gangrenous decomposition of the fluids. Employed cautiously in gradually-increased doses, it may, as indeed experience has partly shown, be employed with lasting advantage in a similar derangement of the fluids, and in a similar state of the solids; in a word, in similar morbid states to those it is capable of producing. In induration of the liver, jaundice, and glandular swellings, with tense fibre, in chronic catarrh, catarrh of the bladder (in dysentery, dysuria, tumours, with tense fibre?), in amenorrhœa* with tense fibre. (On account of its long-enduring, direct action, it may sometimes be of permanent service as an antagonistically-acting remedy in rachitis,† in amenorrhœa with relaxation, &c. But this does not belong to our subject.)

The *monkshood* (*aconitum napellus*) excites formicating,‡ also acute tearing pains in the limbs, in the chest, in the jaws; it is a prime remedy in pains of the limbs of all kinds (?); it will be serviceable in chronic tooth-ache of a rheumatic character, in pleurodynia, in face-ache, and in the consequences of

* Obstruction of the catamenia. (Ed.) † The rickets. (Ed.)
‡ Creeping. (Ed.)

the implantation of human teeth. It causes chilling pressure in the stomach, occipital head-ache, shootings in the kidneys, excessively painful ophthalmia, cutting pains in the tongue, the practitioner will be able to employ these artificial diseases in similar natural diseases. It has a peculiar tendency to produce giddiness, faintings, debility, apoplexy, and transient paralysis, general and partial paralysis, hemiplegia,* paralysis of particular limbs,—of the tongue, of the anus, of the bladder, obscuration of vision and temporary blindness, and singing in the ears. It is also just as serviceable in general and partial paralysis of the parts just mentioned, as experience has in a great measure proved;—as a similarly-acting remedy, it has in several cases cured incontinence of urine, paralysis of the tongue, and amaurosis, as also paralysis of the limbs. In curable marasmus,† and partial atrophies, as a remedy capable of producing similar morbid symptoms, it will certainly do more than all other known remedies. Successful cases of this kind are on record. Almost as specifically does it produce convulsions, general as well as partial, of the facial muscles, of the muscles of the lips on one side, of the muscles of the throat on one side, of the ocular muscles. In all these last affections it will prove useful, as it has also cured epilepsies. It causes tightness of the chest; how, then, can it be wondered at, that it has several times

* Paralysis of one side of the body. (Ed.)

† Wasting. (Ed.)

cured different sorts of tightness of the chest? It produces itching, formication in the skin, desquamation, reddish eruption, and is hence so useful in bad cutaneous affections and ulcers. Its pretended efficacy in the most obstinate venereal sufferings was probably only founded on its power over the symptoms of the mercury that had been previously employed in that disease; and this conclusion is justified by what we know of its action. It is valuable to know that monkshood, as an exciter of pain, cutaneous affections, swellings, and irritability,—in a word, as a similarly-acting remedy, is powerful in subduing the similar mercurial disease, and is even preferable to opium, as it leaves behind it no debility. Sometimes it causes a sensation about the navel, as if a ball rose up thence, and spread a cold feeling over the upper and back part of the head; this would lead us to use it in similar cases of hysteria. In the secondary action, the primary cold in the head seems to change into a burning sensation. In its primary action are observed general cold, slow pulse, retention of urine, mania; in its secondary action, however, an intermitting, small, rapid pulse, general perspiration, flow of urine, diarrhœa, involuntary fæcal evacuation, sleepy intoxication. (Like several other plants that produce a cooling effect in their primary action, it resolves glandular swellings.) The mania it causes is a gay humour alternating with despair. As a similarly-acting remedy, it will subdue manias of that sort. The usual duration of its efficacy is

from seven to eight hours, excepting in cases of serious effects from very large doses.

The *black hellebore* (*helleborus niger*) causes, if used for a long time, severe head-aches, (hence, probably, its power in some mental affections, also in chronic head-aches,) and a fever; hence its power in quartan fever, and hence also, partly, its efficacy in dropsies, the worse kinds of which are always accompanied by remitting fever, and wherein it is so useful, aided by its diuretic power. (Who can tell whether this belongs to its primary, or, as I am inclined to think, its secondary action? This latter is allied to its property of exciting to activity the blood-vessels of the abdomen, rectum, and uterus.) Its power of causing a constrictive, suffocating sensation in the nose, would lead us to prescribe it in similar cases (as I once did in a kind of mental disease). The frequency with which it is confounded with other roots is the reason why we are only in possession of these few true data of its effects.

The boring, cutting pain that the internal use of the *meadow anemone* (*anemone pratensis*) causes in weak eyes, led to its successful employment in amaurosis, cataract, and opacity of the cornea. The cutting head-ache caused by the internal employment of the inflammable, crystalline salt obtained by distillation with water, would lead us to employ this plant in a similar case. Most likely it is on this account that it once cured a case of melancholia.

The *clove gilliflower* (*geum urbanum*), besides its

aromatic qualities, possesses a nausea-exciting power, which always causes a febrile state of body, and hence its service in intermittent fever, when used as an aromatic along with ipecacuanha.

The principle that constitutes the medicinal power of the kernel of the *cherry* (*prunus cerasus*), of the *sour cherry* (*prunus padus*), of the *peach* (*amygdalus persica*), of the bitter variety of the *almond* (*amygdalus communis*), and more especially of the leaves of the *cherry-laurel* (*prunus laurocerasus*), possesses the peculiar property of increasing the vital power and contractility of the muscular fibre in its direct action, as notably as it depresses both in its secondary action. Moderately large doses are followed by anxiety, a peculiar cramp of the stomach, trismus,* rigidity of the tongue, opisthotonos,† alternately with clonic cramps of various kinds and degrees, as its direct action ; ‡ the irritating matter is gradually

* Locked jaw. (Ed.) † Contraction of the extensor muscles. (Ed.)

‡ If it is sought to deny the primary action of the principle of bitter almonds, which I have represented as producing the phenomena of increased power of contraction in the muscular fibre and exaltation of the vital power, on this ground, that in some cases of monstrous doses, death occurs almost instantaneously without any perceptible reaction of the vital power or pain, as great a mistake would be made, as if all pain should be denied to death by the sword, and it should be affirmed that the stroke of the sword did not produce a peculiar condition different from the death that followed it. This pain will be just as intense, although perhaps less than momentary, as the sensation of anxiety and torment will be indescribable, which may and must follow a fatal dose of cherry-laurel water, though its action lasts scarce a minute.

exhausted,* and in the secondary action the contractility of the muscular fibre and the vital power sink in the same degree as they had previously been exalted. There follow cold, relaxation, paralysis,—which also, however, soon pass off.

(Cherry-laurel water has now and then been used as a domestic analeptic,† in debility of the stomach and body, that is, as an oppositely-acting palliative, and, as might have been guessed, with bad effect. The result was paralysis and apoplexy.)

More remarkable, and peculiarly belonging to our subject, is the curative power of its direct action (which consists in a kind of febrile paroxysm) in intermittent fever, especially, if I mistake not, in

This is proved by the case recorded by Madden, of excessive anxiety in the region of the stomach (the probable region of the chief organ of the vital power) of a person killed in a few minutes by a large dose of cherry-laurel water. That in this brief space of time, the whole series of phenomena that follow a not fatal dose, cannot make their appearance, is easily understood; yet it is probable that changes and impressions, similar to those of the direct action I have described from nature, do actually take place in the animal organism, in this short time (until a few instants before death, *i. e.*, the few instants that the indirect secondary action lasts). Thus, electrical phenomena may be seen, when they can be gradually passed before the eyes; but in the lightning rapidly flashing before us, we scarce can tell what we see or hear.

* A small lizard (*lacerta agilis*), that had moved about pretty rapidly for a minute in diluted cherry-laurel water, I placed in concentrated cherry-laurel water. The motions became instantly so excessively rapid, that the eye could scarcely follow them for some seconds; then there occurred one or two slow convulsions, and then total loss of motion: it was dead.

† Restorative. (Ed.)

that kind of intermittent depending on a too great contractility of the muscular fibre, which is incurable by bark alone. Equally efficacious has black cherry water proved in the convulsions of children. As a similarly-acting remedy, cherry-laurel water will prove efficacious in diseases from too tense fibre, or generally where the contractility of the muscular fibre far exceeds its relaxing power; in hydrophobia, in tetanus, in the spasmodic closure of the biliary excretory ducts and similar tonic spasmodic affections, in some manias, &c.,* as several observations have shown. In proper inflammatory diseases it also deserves attention, where it would, to some extent, operate as a similarly-acting remedy. If the diuretic property observed from the bitter almond principle lies in its indirect secondary action, we may hope much from it in dropsy, with a chronic inflammatory condition of the blood.

The power of the bark of the *sour cluster-cherry* (*prunus padus*) over intermittent fever lies likewise in the bitter almond principle it contains, by means of which it comports itself as a similarly-acting remedy.

Of the *sundew* (*drosera rotundifolia*), we know

* Tonic (and clonic) spasms without inflammation of the blood, and when the consciousness is little affected, appear to be the peculiar sphere of action of the principle of bitter almonds, as it, as far as I know, does not elevate the vital temperature even in its direct action, and leaves the sensitive system unaffected.

nothing certain, except that it excites cough, and hence it has been of use in most catarrhal coughs, as also in the influenza.

The curative principle in the flowers and other parts of the *elder* (*sambucus niger*), appears to lie in its primary direct action of exalting the contractive power of the muscular fibres belonging chiefly to the natural and vital functions, and of raising the temperature of the blood, whilst in its indirect secondary action, it brings down the strength of the muscular fibre, lowers the temperature, relaxes the vital activity, and diminishes sensation itself. If this be the case, as I think it is, the good that it does in the true spasm of the finest extremities of the arteries, in diseases from a chill, catarrhs, erysipelas, is in virtue of its similarity of action. Have not the elder species the power of producing transitory erysipelatous inflammation?

Various kinds of *sumach*, considered to be poisonous, *e. g.*, *rhus radicans*, appear to possess a specific tendency to produce erysipelatous inflammation of the skin and cutaneous eruptions. May it not be useful in chronic erysipelas, and the worst kinds of skin diseases? When its action is too violent, it is checked by elder (a similarly-acting remedy?).

Camphor in large doses diminishes the sensibility of the whole nervous system; the influence of the, as it were, rigid vital spirits (if I may be allowed to use a rude expression), on the senses and motion is suspended. There occurs a congestion in the

brain, an obscuration, a vertigo, an inability to bring the muscles under the dominion of the will, an incapacity for thought, for sensation, for memory. The contractile power of the muscular fibres, especially of those belonging to the natural and vital functions, seems to sink to actual paralysis; the irritability is depressed in a like degree, especially that of the extreme ends of the bloodvessels,* that of the larger arteries less, and still less that of the heart. There occurs coldness of the external parts, small, hard, gradually diminishing pulse, and on account of the different state of the heart from that of the extreme ends of the bloodvessels, anxiety, cold sweat. The above condition of the fibre causes an immobility of the muscles, *e. g.*, of the jaws, of the anus, of the neck, that resembles a tonic spasm. There ensue deep slow breathing, fainting.† During the transition to the secondary action, there occur convulsions, madness, vomiting, trembling. In the indirect secondary action itself, the awakening sensation first commences, and, if I may be allowed the expression, mobility of the previously rigid nervous spirit; the

* The nervous power and its condition seems to have most influence on these,—less on the larger vessels, least of all on the heart.

† A proof, according to Carminati, that camphor does anything but extinguish the irritability, but only suspends it so long as the muscles are in connexion with the rigid state of the nerves—is, that when all sensation is extinguished by means of camphor, the heart, if cut out, continues to beat all the more strongly for hours afterwards.

almost extinguished mobility of the extremities of the arteries is restored, the heart triumphs over the previous resistance. The previous slow pulsations increase in velocity and in fulness, the play of the circulating system attains, or in some cases (from larger doses of camphor, from plethora, &c.,) surpasses its former state,—the pulse becomes more rapid, and more full. The more motionless the bloodvessels were previously, the more active do they now become; the temperature of the whole body becomes increased, with redness, and uniform, sometimes profuse, perspiration. The whole process is ended in six, eight, ten, twelve, or at most twenty-four hours. Of all the muscular fibres, the mobility of the intestinal canal returns latest. In every case where the contractile power of the muscular fibres greatly preponderates over their power of relaxation, camphor, as an antagonistically-acting remedy, procures rapid but only palliative relief; in some manias, in local and general inflammations, of a pure, of a rheumatic, and of an erysipelatous character, and in diseases arising from a chill.

As in pure malignant typhus, the system of the muscular fibre, the sensitive system, and the depressed vital power, present something analogous to the direct primary action of camphor, it operates as a similarly-acting remedy, that is, permanently and beneficially. The doses must, however, be sufficiently large to produce the appearance of a still greater insensibility and depression, but given

seldom, only about every thirty-six or forty-eight hours.

If camphor actually removes the strangury caused by cantharides, it does this as a similarly-acting remedy, for it also causes strangury. The bad effects of drastic purgatives it removes, chiefly as a suspender of sensation, and a relaxer of the fibre (consequently an antagonistic, palliative, but here, admirable remedy). In the bad secondary effects of squill, when they are chronic—a too easily excitable action of the contractile and relaxing power of the muscular fibre —it acts only as a palliative, and less efficaciously, unless the doses be frequently repeated. The same may be said with regard to its effects in the chronic symptoms caused by the abuse of mercury. As a similarly-acting remedy, it is eminently serviceable in the long-continued rigor of degenerated (comatose) intermittent fevers, as an adjunct to bark. Epilepsy and convulsions dependent on relaxed fibre deprived of its irritability, are rapidly cured by the similar action of camphor. It is an approved antidote to large doses of opium, in which it is chiefly an antagonistic palliative, but efficacious in consequence of the symptoms being but transitory. In like manner, opium is, as I have ascertained, an excellent antidote to large doses of camphor. The former raises the sunken vital power and diminished vital temperature caused by the latter, antagonistically, but in this case effectually. A curious phenomenon is the action of coffee in relation to the direct action of

large doses of camphor; it makes the stomach, whose irritability was suspended, spasmodically mobile; there occur convulsions, vomiting, or when given in clysters, rapid evacuation; but neither does the vital power become raised, nor do the nerves become relieved from their stupified state, they rather become more stupified, as I think I have observed. As the most striking effect of camphor on the nerves consists in this, that all the passions are lulled, and a perfect indifference to external things, even of the most interesting character, occurs, as I have ascertained, it will accordingly be of service as a similarly-acting remedy in manias, whose chief symptom is apathy, with slow, suppressed pulse, and contracted pupil. It is by no means advisable to use it in manias of every description. Used internally, camphor removes transitory general and local inflammations, and also such as are chronic, in a few hours; but in the former case, the doses must be very often repeated to admit of anything efficacious being performed, *i. e.*, always a new dose before the secondary action comes on. For in its secondary action, camphor does but the more strengthen the tendency to renewed inflammation, makes it chronic, and predisposes the organism chiefly to catarrhal diseases, and the bad effects of a chill. Used externally for a length of time, it can do more good, and its bad effects may be easily remedied in another manner.

The patrons of new medicines generally commit

the error of carefully but injudiciously concealing the disagreeable phenomena of the medicines they take under their protection.* Were it not for this suppression of the truth, we might, for instance, from the morbific effects the bark of the *horse-chesnut* (*aesculus hipposcastanum*) is able to produce, form a just estimate of its medicinal powers, and determine if, for instance, it is suitable for pure intermittent fever, or some of its varieties; and if so, which. The sole phenomenon we know belonging to it is, that it produces a constrictive feeling in the chest. It will accordingly be found useful in (periodical) spasmodic dyspnœa.

The symptoms produced on man by the *phytolacca decandra* deserve to be particularly described. It is certainly a very medicinal plant. In animals it causes cough, trembling, convulsions.

As the bark of the *elm* (*ulmus campestris*), when exhibited internally, produces at the commencement†

* Thus we often read, that this or that powerful medicine has cured so many hundred cases of the worst diseases, without causing the slightest bad effects. If this last be correct, we may certainly infer the perfect inefficacy of the drug. The more serious the symptoms it causes, the more important is it for the practitioner.

† In order to draw a favourable induction from the aggravating action of a drug, this aggravation must occur at the commencement of its use, that is, in its direct action; in such cases only can it be considered a similarly-acting efficacious remedy. The morbid aggravations occurring so often subsequently (in the indirect secondary action) prove the contrary in ill-chosen remedies.

an increase of cutaneous eruption, it is more than probable that it has a tendency to produce such affections of itself, consequently, that it will be serviceable in them, which is amply proved by experience.

The juice of *hemp leaves* (*cannabis sativa*) is, it would seem, a narcotic, similar in action to opium. This is only in appearance, however, and owing to the imperfect accounts we have of its pathogenetic action. I am much mistaken if it do not possess differences indicative of peculiar medicinal powers, if we but knew it sufficiently. It produces dimness of vision; and in the madness caused by it there occur many phenomena, generally of an agreeable character.

It appears as if *saffron* (*crocus sativus*), in its direct action, brought down the circulation and vital heat. Slow pulse, pale face, vertigo, exhaustion, have been observed. In this stage most probably occur the melancholy and head-ache that have been observed from its action, and in the second stage (the indirect secondary action), occur the senseless, extravagant gaiety, the stupefaction of the senses, the increased action in the arteries and heart, and lastly, the hæmorrhage which is peculiar to it. For this reason it may be useful in restoring flows of blood that have been checked, as a similarly-acting remedy, as its power of increasing the circulation occurs first in the secondary action; consequently, the opposite must take place in its direct action. It

has been found useful as a similarly-acting remedy in vertigo and head-ache, with slow pulse. In some cases of melancholia with slow pulse, and in amenorrhœa, it appears also to be of service as a similarly-acting remedy. It has (in its direct action) produced death by apoplexy, and is said to have proved efficacious in similar affections (probably in relaxed organisms). The phenomena of its secondary action point to much increased irritability of the fibre, hence probably the cause of its so readily producing hysteria.

The *darnel* (*lolium temulentum*) is such a powerful plant, that he who knows its pathogenetic action must congratulate the age when, for the benefit of humanity, its application shall be known. The chief phenomena of the direct action of the seeds are cramps, apparently of a tonic character (a kind of immobility), with relaxation of the fibre and suspension of the vital spirits, great anxiety, exhaustion, coldness, contraction of the stomach, dyspnœa, difficult deglutition, rigidity of the tongue, pressive head-ache and vertigo, (both continue longer than is known from any other drug, in the greatest degree for several days,) noises in the ears, sleeplessness, insensibility, or weakness of the external senses, red face, staring eyes, sparks before the eyes. In the transition to the secondary action, the cramps become clonic, there occur stammering, trembling, vomiting, diuresis, and (cold) perspiration, (cutaneous eruptions, ulcers on the skin?) yawning (another kind of cramp), weak sight, long sleep.

In practice, cases of obstinate vertigo and cephalalgia* present themselves, which we are inclined to avoid treating, from their incurability. The Lolium appears to be made expressly for the worst of such cases, probably also for imbecility, the opprobrium of medicine. In deafness and amaurosis something may be hoped from its use.

Squill (*scilla maritima*) appears to cause a long-continued irritation in the body; the mode of operation of which, from want of accurate observation, cannot be very well separated into primary and secondary action. This irritating power possesses a tendency to diminish for a long period the capacity of the blood for caloric, and hence to establish in the organism a disposition to chronic inflammation. Whether this power can be applied to useful purposes, instead of being, as hitherto, a stumbling-block to the use of the drug itself, I am unable, on account of the obscurity of the subject, to determine. As, however, this power must certainly have its limits, at least in the commencement it has only an acute inflammatory action, and afterwards, especially after long-continued use, leaves behind it the insidious chronic inflammatory action; so it seems to me to be rather indicated in pure inflammations with tense fibre, when its use is otherwise required, than in a cold or hectic inflammatory condition of the fluids and mobility of the fibre. The incomparable

* Head-ache. (Ed.)

aid derived from squill in inflammation of the lungs, and the extraordinary injury inflicted by its *continued* employment in chronic ulcerating consumption of the lungs, as also in pituitous consumption, prove this satisfactorily; there is no question here of palliative relief. This irritating power puts the mucous glands in a condition to secrete a thin, instead of a viscid mucus, as is the case in every moderately inflammatory diathesis. Squill causes a great degree of strangury, showing thereby that it must be very useful in restoring the secretion in suppression of the urine accompanying several kinds of dropsy, as daily experience confirms. Rapid, acute dropsical swellings appear to be its chief sphere of action. It has cured some kinds of tickling cough, because it can of itself cause cough.

That most incomparable remedy, *white hellebore* (*veratrum album*), produces the most poisonous effects, which should inspire the physician who aspires to perfection with caution, and the hope of curing some of the most troublesome diseases that have hitherto usually been beyond medical aid. It produces in its direct action a kind of mania, amounting from larger doses to hopelessness and despair; small doses make indifferent things appear repulsive to the imagination, although they are not so in reality. It causes in its direct action, *a.* heat of the whole body; *b.* burning in different external parts, *e. g.*, the shoulder-blades, the face, the head; *c.* inflammation and swelling of the skin of the face, sometimes (from larger doses)

of the whole body; *d.* cutaneous eruptions, desquamation of the skin; *e.* a formicating sensation in the hands and fingers, tonic cramps; *f.* constriction of the gullet, of the larynx, sense of suffocation; *g.* rigidity of the tongue, tough mucus in the mouth; *h.* constriction of the chest; *i.* pleuritic symptoms; *k.* cramp in the calves; *l.* an anxious, gnawing sensation in the stomach, nausea; *m.* gripes, and cutting pains here and there in the bowels; *n.* great general anxiety; *o.* vertigo; *p.* head-ache (confusion of the head); *q.* violent thirst. On passing into the indirect secondary action, the tonic cramps resolve themselves into clonic cramps; there occur, *r.* trembling; *s.* stammering; *t.* convulsions of the eyes; *u.* hiccough; *v.* sneezing (from the internal use); *w.* vomiting (when at its height, black, bloody vomiting); *x.* painful, scanty evacuations, with tenesmus; *y.* local, or (from large doses) general convulsions; *z.* cold (from large doses, bloody) sweat; *aa.* watery diuresis; *bb.* ptyalism;* *cc.* expectoration; *dd.* general coldness; *ee.* marked weakness; *ff.* fainting; *gg.* long profound sleep.—Some of the symptoms of its direct action, *l. m. n. p. q.*, would lead us to use it in dysenteric fever, if not in dysentery. The mania it causes, together with some symptoms of its direct action, *e. f. g. h. n. q.*, would lead us to employ it in hydrophobia, with hopes of a good result. A dog to which it was given had true rabies, lasting eight minutes.

* Salivation. (Ed.)

The ancients speak of it with approbation in hydrophobia, (In tetanus ?) in spasmodic constriction of the gullet, and in spasmodic dyspnœa, it will be found specific on account of *f.* and *h.* It will prove of permanent advantage in chronic cutaneous diseases, on account of *c.* and *d.*, as experience has already shown with regard to herpes.* In so called nervous diseases, when they are dependent on tense fibre or inflammatory symptoms, (*a. q*) and the symptoms in other respects resemble the veratrum disease, it will be of benefit; so also in manias of a like character.—The landlord of a country inn, a man of firm fibre, robust make, red blooming countenance, and somewhat prominent eyes, had almost every morning, soon after waking, an anxious feeling in the stomachic region, which in the course of a few hours involved the chest, producing constriction there, sometimes amounting to complete loss of breath; in the course of a few hours the affection attacked the region of the larynx, and suffocation became imminent (swallowing solids or fluids being impossible); and as the sun declined it left these parts, and became confined to the head, with timorous, despairing, hopeless, suicidal thoughts, until about ten o'clock, when he fell asleep, and all the morbid symptoms disappeared. The mania resembling that peculiar to veratrum, the firm fibre of the patient, and the symptoms *f. g. h. l. n.*, induced me to prescribe three grains of it every

* Tetter. (Ed.)

morning, which he continued for four weeks, with the gradual cessation of all his sufferings: his malady had lasted four years or more.—A woman, thirty-five years of age, after having had many epileptic attacks during her pregnancies, was affected a few days after her last delivery with furious delirium and general convulsions of the limbs. She had been treated for ten days with emetics and purgatives, without effect. At midnight every night she was attacked by fever, with great restlessness, during which she tore all the clothes off her body, especially what she had about her neck. China always made the fever a few hours later, and increased the thirst and anxiety; the expressed juice of stramonium, used according to Bergius' method, soon quelled the convulsions, and produced some rational hours, in which it was ascertained that her worst symptom (except the fever) was the suffocating feeling in the throat and chest; besides pains in all her limbs. More, however, it could not do; on the contrary, its continued use seemed rather to increase the last mentioned serious symptoms; the face was swollen, the anxiety infinite, the fever greater. Emetics did no good; opium caused sleeplessness, increased the restlessness, the urine was dark-brown, the bowels much constipated. Blood-letting, which was evidently not adapted for this case, was, moreover, contra-indicated by the excessive weakness. The deliria returned, notwithstanding the extract of stramonium, with increased convulsions and swelling of the feet.

I gave her in the forenoon half a grain of veratrum powder, and a similar dose in the afternoon at two o'clock. Deliria of another kind made their appearance, along with viscid mucus in the mouth, but no fever returned, the patient slept, and in the morning passed white cloudy urine. She was well, quiet and rational, except that the great weakness continued. The suffocating sensation in the throat was gone, the swelling of the face fell, as also that of the feet, but the following evening, without her having taken any medicine, there occurred a constrictive sensation in the chest. She therefore got another half grain of veratrum the following afternoon; this was followed by scarcely perceptible delirium, tranquil sleep, in the morning copious discharge of urine and a few small evacuations. For two more days she got half a grain of veratrum in the afternoon. All her symptoms disappeared, the fever vanished, and the weakness yielded to a good regimen.

I have elsewhere recorded a case of spasmodic colic still more rapidly cured by it. As a producer of mania and spasms, it has shown itself useful in cases of persons possessed. In hysterical and hypochondriacal attacks, dependent on tense fibre, it will be useful, as has been practically proved. Inflammation of the lungs will find in it a powerful remedy. The duration of its action is short; limited to about five, at most eight or ten hours, inclusive of the secondary action; except in the case of serious effects from large doses.

Sabadilla seeds cause confusion of the intellect and convulsions, which it can also cure; the peculiarities of its action, however, are not yet known. It also causes a creeping sensation through all the limbs, as I have experienced, and is said to produce pain in the stomach and nausea.

The *agaric* (*agaricus muscarius*) produces, as far as I can ascertain, a furious and drunken mania, (combined with vengeful, bold resolves, disposition to make verses, to prophesy, &c.) exaltation of the strength, trembling and convulsions, in its primary direct action; and weariness, sleep, in its secondary action. It has therefore been employed with benefit in epilepsy (caused by fright), combined with trembling. It will remove mental affections and possession, similar to those it causes. Its direct action lasts from twelve to sixteen hours.

The *nutmeg* (*myristica aromatica*) diminishes the irritability of the whole body, but especially that of the primæ viæ, for a considerable time. (Does it not increase the contractile power of the muscular fibre, especially of the primæ viæ, and diminish its capability of relaxing?) In large doses it causes an absolute insensibility of the nervous system, obtuseness, immobility, loss of reason, for its direct action; head-ache and sleep for its secondary action. It possesses heating properties. May it not be useful in imbecility, combined with laxity and irritability of the primæ viæ?—against the first as a similarly, against the second as an antagonistically-acting re-

medy? It is said to have done good in paralysis of the gullet, probably as a similarly-acting remedy.

Rhubarb is useful in diarrhœas without fæcal evacuations, even in the smallest doses, more in consequence of its tendency to promote the action of the bowels, than on account of its astringent power.

The topical painful applications, as cantharides, mustard plasters, grated horse-radish, spurge laurel bark, crushed ranunculus acris, the moxa, allay pain often permanently, by pain of another kind produced artificially.

THE HOMŒOPATHIC TREATMENT

OF

THE ASIATIC CHOLERA.

A DISEASE so rapid in its progress, and so fatal under the most skilful and various treatment of physicians of the old school, as the Cholera, will be allowed to be a fair subject on which to test the merits of a new or doubtful method of treatment. In a pamphlet recently published by Dr. Dudgeon,* we have a brief notice of the efforts of the homœopathic practitioners on the continent during the last fatal visitation of the epidemic. We there see not only the marked success of the homœopathic treatment in that disease, but also the extraordinary unanimity of the various practitioners, acting quite independently of each other, with respect to the

* The Homœopathic Treatment and Prevention of the Asiatic Cholera; with an historical survey of its treatment by the homœopathic practitioners of the continent, during its last appearance in Europe, in 1831, and subsequent years. By R. E. Dudgeon, M.D. London: G. Bowron, 213, Oxford Street. In addition to the particulars which appeared in this pamphlet, some further details have been furnished by its author for the present article. Information on the subject may also be found in a paper by Dr. Black, in the *British Journal of Homœopathy*, and in a pamphlet entitled "A Short History of the Cholera," by Edward Hamilton, M.D.

remedies suitable for the prevention and cure of the pestilence; and by letters from Russia and Germany, we learn that the same remedies have been employed with the best results in the present epidemic,* which has already committed ravages in the east of Europe, and has now again invaded our own shores.

"On the approach of the last epidemic of Asiatic Cholera," writes Dr. Dudgeon, "many of the Homœopathists on the continent (there was then no representative of Homœopathy in England) published pamphlets, articles in journals and in newspapers, exposing the mode to be pursued in cases of the disease, and indicating the remedies to be employed; on the actual invasion of the disease, experience showed the utility of the means recommended, and added to the list of remedies to be used, at the same time precisionizing their employment. On the decline of the epidemic, those who had been most actively engaged in its treatment recorded the results of their experience; and now, on its threatened recurrence, we can offer to the practitioner the accumulated

* A disinterested testimony to the efficacy of the homœopathic remedies in Asiatic Cholera, is to be found in the *Jewish Intelligence* for October, 1848. Mr. J. Meyers, one of the agents of the London Society for promoting Christianity among the Jews, in a letter to that periodical from Bucharest, states that the most successful treatment of Cholera, which raged very intensely there, was to give at the beginning two drops of *camphorated spirit,* (one to 20) in a spoonful of water every five or ten minutes; if after two hours no effect was perceived, adrop of *veratrum album,* 3, was to be given every quarter of an hour in a spoonful of water, and at longer intervals when the graver symptoms began to subside. When the spasms were very violent, *arsenicum* or *carbo vegetabilis* proved beneficial. These, it will be observed, are just the homœopathic remedies, and the mode of administering them is similar to that advised by homœopathic practitioners. Of this fact the writer does not seem to be aware, as he nowhere mentions that the treatment were homœopathic.

results of the experience of the numerous Homœopathists engaged in its treatment, and prepare all to treat the disease with a probability of success unhoped for by the allopathic school.

"The homœopathic literature previous to 1831, furnished many cases of the successful treatment of sporadic Cholera of various severity; but Dr. Peterson, of Pensa, and Dr. Arnold, of Kasan, in Russia, were the first to put to the test the efficacy of the system in the real Asiatic Cholera. Dr. Peterson treated at Pensa from the 9th July to the 30th of that month, sixty-eight patients, of whom he lost fourteen. The remedies he found most successful, were *ipecacuanha* of the twentieth, *chamomilla* and *arsenicum* of the thirtieth dilution. He did not find *veratrum* so successful when the disease was fully developed, but it always proved an excellent preservative. *Rhus, sulphur* and *hyosciamus* were of use in some of the affections consequent on Cholera. Dr. Arnold's success was not less encouraging; and ere the Cholera had made its way into Germany, several physicians had endeavoured to disseminate among the profession and public a knowledge of the means which Homœopathy supplied for combating the pestilence. Among these, the work of Dr. J. A. Schubert, of Leipzic, appeared in 1830, it is entitled, *Treatment and Prevention of Cholera*. The remedies he advised were *veratrum, ipecacuanha, arsenic, chamomilla*, and if the inflammatory character were predominant, *aconite*. He likewise recommended *veratrum, ipecacuanha*, and *arsenic*, as prophylactics in the disease. How just Dr. Schubert's notions respecting the proper remedies to be used in the disease, before he had had an opportunity of treating a single case, the success attending their subsequent employment fully demonstrated. Shortly after this a paper appeared in the *Archiv*, Vol. X, by Dr. Preu, of Nuremberg, showing the close resemblance of the symptoms of Asiatic Cholera with those produced by *arsenic* and *veratrum*.

"The opinion of the Master was anxiously looked for, and great was the surprise of his disciples when an article from his pen appeared in the *Leipziger Zeitung*, announcing the curative virtues of *camphor*, in doses so large, and at intervals of time so short, as completely to stagger those of his disciples who could see in Homœopathy nothing but a system of decillionths, and were

unable to separate in their own minds the principle '*similia similibus*,' from the doctrine of infinitesimal doses.

"On the 23rd June, 1831, when the approach of Cholera to Leipzic rendered its invasion of that town inevitable, Drs. Franz, Hartmann, Haubold and Müller, petitioned the chief magistrate that one of the hospitals about to be erected for the gratuitous treatment of the poor, should be placed under the direction of homœopathic physicians. The authorities, unable to give a direct refusal to this request, burdened their consent with absurd conditions such as it was impossible for the homœopathic physicians to conform to; the proposition, therefore, dropped.

"Some time previous to this, a homœopathic hospital had been opened by the Emperor's orders in St. Petersburgh,* for the treatment of patients affected with Cholera, under the direction of Dr. Herrmann; and Dr. Schreter about this time was actually engaged in observing and treating homœopathically the epidemic which had shown itself in Lemberg, in Austrian Poland; the disease was already on the decline when he reached that place, but he saw sufficient of it to convince him of the efficacy of the remedies he employed, which were chiefly *veratrum*, *ipecacuan*, *arsenic*, and *camphor*. The results of his observations he communicated to the meeting of homœopathic physicians held at Naumburg, on the 10th August, 1831, under the presidency of Dr. Stapf, who gave an encouraging account to the assembly, of the efficacy of the homœopathic system in preventing and curing the disease."

Shortly after this, the Cholera actually commenced its ravages in Germany, and an article, from the pen of Hahnemann himself, appeared in the *Archiv*, Vol. XI., giving minute directions as to the best mode of administering the remedies, describing the particular stages for which *camphor*, *veratrum*, and *cuprum*,

* By the direction of Government, an hospital for the treatment of Cholera homœopathically, has been opened this year also in St. Petersburgh.

were applicable, and recommending *cuprum* as a preservative remedy.

"Almost simultaneously with this appeared a pamphlet from Dr. Rummel, of Merseburg, in which he recommends as a preventive a dose of *cuprum* and *veratrum* alternately every fourth day.

"A letter from Dr. Seider, district physician at Wischney Wolotschok, in Russia, dated 24th September, 1831, and inserted in the XIth Vol. of the *Archiv*, gives some account of the Cholera in Russia, and of his own success with homœopathic remedies. The directions of Hahnemann regarding *cuprum* and *camphor*, had not reached him, and his acquaintance with Homœopathy does not seem to have been very perfect. Still, notwithstanding these disadvantages, he only lost twenty-three patients out of one hundred and nine whom he treated homœopathically; the remedies he employed being *veratrum*, *ipecacuanha*, and *arsenicum*.

"In the same Vol. of the *Archiv*, appeared a communication from Dr. Gerstel, of Prague, detailing the results of Dr. Veith's observations and treatment of the disease in Vienna, *camphor*, *veratrum*, and *cuprum*, were found of eminent service; and in the so-called cholerine that prevailed at the same period, *phosphorus* was ascertained to be the true specific. In a note to this communication, the editor remarks that *phosphoric acid* was even preferable to *phosphorus* in cholerine, and in the typhiod state occasionally persisting after the subsidence of Cholera, *rhus toxicodendron* was useful.

"The partisans of Homœopathy in other parts of Europe had not been idle on the invasion of the Cholera; among the rest Dr. Von Bakody, of Raab, in Hungary, published the results of his treatment of the disease, which broke out with great virulence in that town, on the 27th July, 1831, from which period until the 8th September, he treated 154 cases of true Cholera, and sixty-nine of maladies resembling Cholera, but which he could not conscientiously pronounce to be genuine cases. His success was immense, out of the total 222 cases he lost but eight patients, six of whom were among those affected with true Cholera."

His preventive remedies were *ipecacuan*, *veratrum*,

arsenicum, and *cuprum;* and for the fully developed disease he found *ipecacuan*, *chamomilla*, *veratrum*, *arsenicum*, *cuprum*, *cicuta*, and *laurocerasus*, of service.

"About the same time a pamphlet from the pen of Dr. Schmit, physician to the Duchess of Lucca, was published at Leipzic, entitled *Homœopathic Treatment and Prophylaxis of the Asiatic Cholera*, which is interesting, as showing the state of feeling of the Austrian Government towards Homœopathy at that time. The author, convinced of the truth of Homœopathy, and aware of Hahnemann's advice respecting the employment of camphor, hastened on the 3rd July, 1831, to communicate this mode of treatment to the Central Sanitary Commission of Vienna, at the same time demanding permission to publish a notification of it in the Vienna newspapers. This permission was not granted, but the Commission undertook to publish it themselves. A week later they did, in fact, publish an extract, but mutilated in such a way as to be no longer useful to the profession or public. They advised giving camphor in conjunction with other remedies, which would only disturb its salutary action."

He corroborates the remarks of the other Homœopathists with respect to the indications for *camphor*, *veratrum*, and *cuprum*, in the fully developed disease, and of the two last as preventives.

"The Cholera having appeared in the neighbourhood of Brünn, Dr. Gerstel, then practising at Prague, proceeded to the seat of the epidemic, for the purpose of observing the disease, and, if possible, obtaining leave to succour those affected. There being a great dearth of medical men, Dr. Gerstel met with no opposition from the authorities. His first essay was in a village named Mariahilf and the surrounding country, where, within five and a half days, he treated forty-seven patients. His success having roused the attention of the authorities of Brünn, he was appointed

district physician, and sent to a place called Tischnowitz, in Moravia, where he remained five weeks, and was joined by our countryman, Dr. Quin; and the following extract from the report of the superintending allopathic physician of the district testifies as to the success of Dr. Gerstel's practice.

"'As regards the duration of the prevailing epidemic, this was, in some districts, extremely short, and the course rapid and severe; the result, owing to the judicious treatment, generally favourable; hence the proportion of deaths, compared with other places where the epidemic raged, was small.—The homœopathic treatment which was here carried out to a great extent by Dr. Gerstel, was the cause of the favourable result.

"'Dr. Victor Mekarsky von Merk,

"'*Imperial Sanitary Physician.*

"'Tischnowitz, 11th Dec., 1831.'

"Dr. Gerstel found the most serviceable remedy to be *veratrum album.*

Camphor he found useful in Cholera, which presented itself as spasmodic attacks, without vomiting and diarrhœa; *phosphorus* did good in the Cholerine.

"Dr. Fischer of Brünn, cured 202 cases of Cholera, the most of them took two or three drops of *camphorated spirit* twice or thrice in a quarter of an hour, and were thereby cured in a few hours. The other remedies he employed were *ipecacuanha,* when vomiting and pain in the stomach were the chief symptoms; *veratrum* when the abdominal pains and diarrhœa were most marked; *carbo. veg.* as an intermediate remedy in cases of complete absence of pulse and paralysis.

"Dr. Quin, who was at Tischnowitz simultaneously with Dr. Gerstel, has furnished us with the results of his experience in an able pamphlet, published in Paris in 1832, under the title of *Traitement Homœopathique du Cholera.* Very soon after his arrival in Tischnowitz, he was seized, whilst dining with the Baron Schöll, an extensive proprietor in that district, with the premonitory symptoms of Cholera. He fell senseless from his

seat, and was carried to bed. On recovering his senses, he had recourse to the concentrated tincture of camphor, six doses of which had the effect of dissipating the alarming symptoms. Still suffering from debility, he was called upon to attend to those affected with Cholera, Dr. Gerstel and the other medical men being at the time confined to bed, and of twenty-nine patients he had under his care, he lost only three. In Paris, he had nineteen cases of true Cholera under his care, none of which he lost.

"In his work we have a general review of the practice of the other homœopathic practitioners who had preceded him in the treatment of Cholera, an outline of the various aspects in which the disease presented itself during that epidemic, and particular directions for the treatment of the various kinds and stages of the disease. Spirit of camphor, he remarks, may be administered in all forms of the Cholera, with a certainty of success within the first hour, and with probability of success in the subsequent hours."

He next enumerates and gives the indications for the various remedies employed by himself and others in Cholera.

"On his departure from Tischnowitz, the authorities wrote him a letter of thanks, accompanied by a list of the number of patients treated in the district, allopathically and homœopathically.

"Dr. Hromada treated at Latein seventy-four cases of Cholera, of whom twenty-two died; at Oberkaunitz he had sixty-eight cases, of whom twelve died; at Biskoubis fifty-six cases, of whom he lost but four. The allopaths in the same place were much less successful, out of seventy cases they lost fifty-two. The remedies he found most serviceable, were *cuprum, tabacum, veratrum*, and *ipecacuanha*. He ascribes the comparative large mortality he experienced to the fact that his practice lay in three different places, and he was often absent from one of them for upwards of twelve consecutive hours.

"A letter from Dr. Lichtenfels, in the XIIth Vol. of the *Archiv*,

dated Vienna, 14th December, 1831, relates his experience of the action of homœopathic remedies in the Cholera. Like most of Hahnemann's disciples, he acknowledges the marvellous effects of *camphor* at the commencement of the disease, its favourable action being evinced by the outbreak of a general critical sweat."

He found *cuprum*, *veratrum*, and *arsenic* of service, in the same circumstances as already described.

"Dr. Lichtenfels treated forty-four Cholera patients, of whom three died; one of them of inflammation of the brain, from too early exposure after the cure of the Cholera; to the second Dr. L. was only called after the disease had existed with severity for twelve hours; and the third died on the seventh day, of typhus.

"We learn from the same letter the success of the homœopathic treatment of Cholera, in a Cholera Hospital at Berlin, by Drs. Haynel and Stüler, who mention the good effects of *camphor*, *cuprum*, *veratrum*, *arsenic*, *phosphorus* and *nux vomica*.

"An interesting paper was read at the Assembly of Homœopathic Physicians at Cœthen, on the 10th of August, 1832, from Dr. Rummel, of Merseburg, giving an account of the second appearance of the Cholera in that town in June and July, 1832. The population of Merseburg is little above 8,000 inhabitants, and in the seven weeks over which Dr. Rummel's report extends, 210 persons were affected by the disease, which broke out in its severest form. The following is the result of the allopathic and homœopathic treatment of those patients, from the 10th June to the 29th July:—

	Cases.	Cured.	Died.	Remain.
Under allopathic treatment .	164	47	101	16
Under homœopathic treatment	46	28	16	2"

The medicines he chiefly employed in the developed disease were *camphor*, *veratrum*, *cuprum*, *arsenic*, *secale cornutum*, *carbo veg.*, *ipecacuan* and *cicuta virosa*, for each of which he gives the particular indications.

"Dr. Roth, of Munich, who was sent by the Bavarian Government to observe the Cholera in different localities, and report on the effects of its homœopathic treatment, published in 1833 an interesting pamphlet, detailing the results of his observations in Prague, Moravia, Hungary, and Austria. A considerable portion of the statistical table which follows is derived from this work.

"In France the Cholera lingered for a considerable time, and in several towns it was opposed with success by homœopathic practitioners, more particularly in Bordeaux and Marseilles, in the former place by Dr. Mabit,* who treated in the hospital thirty-one cases, he lost six, two of whom were brought in a moribund state. In the latter city, where the Cholera appeared three times, Drs. Duplat, Perrussel, and Jal were also very successful. A medal in bronze, commemorative of his services during the Cholera in 1835, was presented to Dr. Duplat by the municipal body of Marseilles. It would be useless repetition to detail the modes of treatment adopted by the French homœopathic physicians, as related in the various pamphlets and articles in journals published by them, and the same may be said of the Italian Homœopathists, who likewise furnished an abundance of ephemeral writings on the subject; in the main they all agree with the German writers we have above cited.

"Without doubt, the most important epoch for Homœopathy furnished by the Cholera, was its second visitation of Vienna in 1836, when the results obtained in its treatment at the homœopathic hospital there were of such a favourable nature, as to lead the Government to revoke all the former prohibitions of Homœopathy and the restraints on its practitioners, and to place the numerous and talented medical men of that city, who profess the doctrine of Hahnemann, on a par with their allopathic colleagues. If the results of the homœopathic treatment in this instance are less favourable than those we have given above, it must be borne

* Dr. Mabit was created Knight of the Legion of Honour "as a recompense," says the *Memorial Bordelais*, "for his devotion and services during the prevalence of the Asiatic Cholera, as also for his unwearied zeal and continued labours on behalf of humanity and the progress of medicine."

in mind that patients are only brought to an hospital when they show undoubted evidence of the fully developed disease, many after having been subjected to very violent treatment, and having been dosed with allopathic medicines, and many of course are brought in a dying state.* It would therefore be unfair to compare the results of the practice of an hospital with those where the patients are treated at their own homes, many of whom are seen by the physician in the first stage of the disease, when the chances of recovery are very much in their favour. The gross results, then, of the treatment at the Vienna Homœopathic Hospital by Dr. Fleischmann, from the 1st July to the 4th October, 1836, are, out of 732 cases, 244 deaths.† This we shall find is a very favourable result when contrasted with allopathic hospital returns,‡ and it was sufficient to induce the Government to remove all restrictions on the practice of Homœopathy, as well as indirectly ultimately to dispose it to grant other hospitals in Linz, Kremsier, Gyöngyös, Güns, and elsewhere, for the exclusive practice of Homœopathy. Dr. Fleischmann found the *tinct. veratri*, and *tinct. arsenici*, and often the two alternately, of service ; *phosphorus* was also very efficacious, and when cramps were present, *tinct. sec. corn.* The *tinct. tabaci* was sometimes serviceable, when all

" * From an analysis of Dr. Fleischmann's cases, published in the *British Journal of Homœopathy*, Vol. II. p. 38, it appears that 102 of the deaths, or not much under a half, occurred within twelve hours of their admittance into hospital.

" † During the Cholera, the Vienna Homœopathic Hospital was daily visited by an allopathic inspecting physician, appointed by Government.

" ‡ In reference to this subject, the Editor of the *Dublin Quarterly Medical Journal* (allopathic,) says: 'Upon comparing the report made of the treatment of Cholera in this hospital with that of the same epidemic in the other hospitals of Vienna at a similar time, it appeared, that while two-thirds of those treated by Dr. Fleischmann recovered, two-thirds of those treated by the ordinary methods in the other hospitals died. This very extraordinary result led Count Kolowrat (Minister of the Interior) to repeal the law relative to the practice of Homœopathy.'—Wilde's *Austria and its Institutions*, p. 275.

other remedies seemed to fail. When there was much cerebral congestion, *bell.*, *arn.* and *merc.* were the remedies employed; *phos.*, *squil.*, and *senega*, when the chest was the seat of disease; and *bry.*, *merc.*, and *hepar*, if the liver was affected."

Dr. Dudgeon concludes the historical part of his pamphlet with the following statistical tables, exhibiting the comparative results of the treatment of Cholera during its last invasion of Europe, by the ordinary or allopathic, and by the homœopathic methods.

"A. *Results of Allopathic Treatment of Cholera.*

"1. Treated at their own houses.

	Cases.	Deaths.
"At Tischnowitz, in Moravia - -	331	102
At Wishney Wolotschok, in Russia -	199	139
At Merseburg - - - - -	164	101
At Raab, in Hungary - - -	1217	518
In cavalry regiments in Great Britain - - in 1832 - -	114	29
in 1833 - -	32	14
in 1834 - -	25	11
In the troops at Gibraltar in 1834 -	459	131
In the troops in Nova Scotia and New Brunswick, in 1834 - - -	210	59
In the troops in Canada in 1832-4 -	356	127
	3107	1231

"*About one death in every* $2\frac{1}{3}$ *cases, or more than* 39 *per cent.*

"2. Treated in Hospital.

"In the Drummond-street Cholera Hospital, Edinburgh - - -	461	291
In the Cholera Hospital, Berlin, under Dr. Böhr - - - -	97	64
In Krunkenberg's wards at Halle -	104	53
In the Hamburg hospitals, in Oct. and Nov., 1831 - - - -	283	178

	Cases.	Deaths.
In the Cholera Hospital, St. Petersburgh, by Dr. Lichtenstadt - -	636	317
In the hospital, Raab - - -	284	122
In the hospital, Bordeaux - - -	104	72
	1969	1097*

"*About one death in* 1⅘ *cases, or nearly* 56 *per cent.*

" B. *Results of the Homœopathic Treatment of Cholera.*

" 1. Treated at their own houses.

" By Dr. Baer, at Prague - - -	80	0
„ Dr. Bakody, at Raab, in Hungary -	154	6
„ Dr. Duplat, at Marseilles - -	60	12
„ Dr. Gerstel, at Tischnowitz, in Moravia - - - -	327	32
„ Dr. Hanusch, at Tischnowitz -	84	6
„ Dr. Hromada, at Latein, Oberkaunitz, &c.	198	38
„ Dr. Kleiner, at Saratof, in Russia -	183	27
„ Dr. Jal, at Marseilles - - -	19	4
„ Dr. Lederer, at Vienna - - -	80	2
„ Dr. Lens, at Pesth - - -	40	8
„ Dr. Lichtenfels, at Vienna - -	44	3
„ Dr. Lövy, at Prague - - -	80	8
„ Dr. Marenzeller, at Vienna - -	30	3
„ Dr. Mayer, at Pesth - - -	65	0
„ Dr. Peterson, at Pensa - - -	68	14
„ Dr. Quin, at Tischnowitz and Paris -	48	3
„ Dr. Rummel, at Merseburg - -	46	16
„ Dr. Schaller, at Prague - - -	113	0
„ Dr. Schreter, at Lemberg - -	27	1
„ Dr. Schultz, at Vienna - - -	17	0
„ Dr. Seider, at Wishney Wolotschok, in Russia - - - -	109	23

* The sources whence these tables are derived are, *Die allgemeine Cholera-Zeitung*, Vols. I, II, and III; *Mackintosh's Practice of Physic*, Vol. I; *Archiv für die Hom. Heilk.* Vols. XI and XII; Mabit, *Essai sur le Cholera.*

	Cases.	Deaths.
" By Dr. Vrecka, at Vienna and Selowitz	144	12
„ Dr. Veith, at Vienna - - -	125	3
	2141	221

" *About one death out of* 9⅔ *cases, or little more than* 10 *per cent.*

" 2. Treated in Hospital."

" By Dr. Fleischmann, at Vienna - -	732	244
„ Drs. Haynel and Stüler, at Berlin -	32	6
„ Dr. Mabit, at Bordeaux - -	31	6
	795	256*

" *About one death in* 3⅛ *cases, or between* 32 *and* 33 *per cent.*

" The following table, compiled from Dr. W. Merriman's paper on Asiatic Cholera, in Vol XXVII. of the *Medico-Chirurgical Transactions*, showing the mortality that occurred in Cholera in our own country, in 1831-2-3, from official documents, is interesting; although, from the want of further details, I am unable to arrange the cases in either of the above categories.

	Cases.	Deaths.	Deaths per cent.
" England - -	49,594	14,807	29⅞
Scotland - -	20,202	10,650	52⅞
Wales - -	1,436	498	34⅔
Isle of Man - -	276	146	52⅘
London and vicinity	11,020	5,275	47⅞
Ireland, up to March 1, 1833 - -	54,552	21,171	38⅞
Total -	137,080	52,547	38¼

* These tables have been compiled from the *Allgemeine Cholera-Zeitung;* Quin, *Du Traitement Homœopathique du Cholera;* Mabit, *Essai sur le Cholera; The British Journal of Homœopathy*, Vols. I and II; *Archiv für die Hom. Heilk.* Vols. XI. and XII.; *Bibliothèque Homœopathique de Genève*, 1st and 2nd series, and *Die Homœopathische Heilkunst gegen die Asiatische Brechruhr*, von Dr. J. J. Roth.

"It would be easy to increase the statistics of both treatments, but the above will suffice to show sufficiently the superiority of the homœopathic over the allopathic system, in the treatment of this formidable disease. It appears, then, from the above, that while the average mortality of those treated at their own homes, under allopathic treatment, was upwards of thirty-nine per cent., under homœopathic treatment it was about ten per cent.; the mortality, again, of those treated in hospitals was, under allopathic treatment, about fifty-six per cent.; under homœopathic treatment, below thirty-three per cent. Thus the per centage of deaths in hospital, with homœopathic treatment, was much less than that under the most favourable circumstances with allopathic treatment. These figures likewise teach a most important point, the urgent necessity, namely, of applying the homœopathic treatment early in the disease, and alone; the very much greater mortality in hospital being owing chiefly to the disease having generally existed a considerable time before the patients were admitted, and to their having been previously subjected to all manner of allopathic and domestic appliances."

PS.—Since the above remarks were printed, a report has been received from the acting Committee of the Edinburgh Homœopathic Dispensary of the results of the homœopathic treatment of the Asiatic Cholera in Edinburgh, from the 8th to the 27th October, 1848. Immediately on the appearance of the disease in that city, Drs. Russell, Wielobycki, Lyschinski, and Sutherland, assisted by Drs. Atkin and Cockburn, resolved to relieve each other in attendance at the homœopathic dispensary at all hours day and night, during its prevalence, with the view to render aid in every case in which they might be applied to, and the reports thus far show 61 cases treated, with only 17 deaths, or about twenty-eight per cent.; while the allopathic reports of the Police authorities show 77 deaths out of 121 cases, or sixty-four per cent.

HOMŒOPATHY IN ACUTE DISEASES.

NARRATIVE OF A MISSION TO IRELAND DURING THE FAMINE AND PESTILENCE OF 1847.

By JOSEPH KIDD, Surgeon.

There are few patients commencing homœopathic treatment, who do not feel and express their dread of the insufficiency of that treatment in acute disorders or where life is endangered, in their ignorance of the fact, that in none more completely than in the most dangerous diseases does Homœopathy stand successful over the practice of the old system.

The same objection is also attempted to be made by the greater portion of our medical brethren of the old school, and has been often witnessed in the first trials of the homœopathic principle and medicines by allopathic practitioners, in their transition state from the uncertainty of their former practice, to the true "rational medicine" of the Homœopathists, founded on a general law which experience proves to be unerring in its guidance, in the proper adaptation of medicine to disease.

To be able to dispel this illusion, it has been ever deemed by the true friends of Homœopathy, most desirable to accumulate evidence, by submitting the system to the most severe and open tests, whenever the opportunity presented itself for applying it in the treatment of acute diseases. It has been felt, indeed, that the success gained in trials of this nature must be the true touchstone of the system, inasmuch as the most favourable results in chronic diseases may always be exposed to special criticism and ingenious explaining away, which writers like Dr. Forbes, confessing the force of the results, but not inclined to give credit to the means, are usually ready to make use of when no other arguments remain.

Thus it is that the full confidence in the truth and universal applicability of the homœopathic principle has ever caused its professors to look with delight on every possible opportunity of testing its actual value as well in individual cases as in the severest epidemics, whenever and wherever occurring.

The treatment of the epidemic of typhus fever which occurred in Germany in 1813, by Hahnemann himself, is a prominent instance of this kind, when nearly two hundred patients were treated, without the loss of a single case, at the time when an enormous mortality attended the mode of practice sanctioned by ages.* Again, we have an equally re-

* A most interesting and curious proof of the certainty with which the homœopathic law enables practitioners to apply medicines to any disease, may be found in the fact, that the medicines

markable instance in the promptitude and zeal with which numbers of homœopathic practitioners in Germany, Russia, and France, came forward to apply the treatment in the Asiatic Cholera, at the last visitation in 1831-2.*

Also in various epidemics of scarlatina, measles, &c., treated homœopathically on the continent and in this country, a very interesting account of an epidemic of scarlatina thus treated being contained in the *British Journal of Homœopathy*, Vol. III. p. 91, by Dr. Ozanne, of Guernsey, and another of measles, in the January Number of the present year of the same Journal, by the same able practitioner, in both of which remarkable success resulted from the means employed.

As evidence of the same, may be adduced the results obtained in the treatment of acute diseases at the homœopathic hospitals of Vienna and Linz, where the most dangerous diseases have been treated with such success† as to have caused the violent remedies of the old system to be laid aside, and to be consi-

used by Hahnemann in 1813, in typhus, with such success (bryonia and rhus tox), and by Dr. Quin, of London, in the typhus fever following cholera in Moravia, in 1831, were those which a comparison of the typhus in Ireland with the materia medica enabled me to select, and which my experience found most useful, although ignorant at that time of their use in either of the former cases.

* See *ante*, p. 187.

† Comparative results of homœopathic and allopathic treatment in certain acute diseases, furnished by Dr. Fleischmann, of

dered, indeed, positively injurious by many of their former most attached admirers, one of the most celebrated of whom (Skoda, Physician to the General Hospital at Vienna,) now regards "hay water" as the best and universal medicine for all diseases.

the Homœopathic Hospital at Vienna (from *Introduction to the Study of Homœopathy,* by Drs. Drysdale and Russell).

PNEUMONIA (Inflammation of Lungs).

Mortality under ordinary treatment.

Authorities.	No. of Cases.	Deaths.
Guisolle - -	304 - -	43
Briquet - -	364 - -	85
Edinburgh Infirmary	222 - -	80
Skoda - - -	19 - -	4
Total	909	212

Mortality 23·32 per cent., or nearly one out of four.

Mortality under Homœopathic Treatment.

Fleischmann -	299 - -	19

6·70 per cent., or about one out of fifteen.

PLEURITIS (Inflammation of the lining membrane of Lung).

Mortality under ordinary treatment.

Edinburgh Infirmary	111 - -	14

12·61 per cent., or about one out of eight.

Mortality under Homœopathic Treatment.

Fleischmann -	224 - -	3

1·24 per cent., little more than one out of a hundred.

PERITONITIS (Inflammation of the lining membrane of the Cavity of Abdomen and of Intestines).

Mortality under ordinary treatment.

Edinburgh Infirmary	21 - -	6

27·61 per cent., or more than one out of four.

Mortality under Homœopathic Treatment.

Fleischmann -	105 - -	5

4·76 per cent., or less than one out of twenty-five.

Finally, perhaps, the same confidence in the truth and universal applicability of the homœopathic system may be found in the results of its trial in the epidemic of fever and dysentery in Ireland, in 1847, undertaken by myself, at the request of the Committee of the English Homœopathic Association, and carried out in the face of difficulties and dangers not to be surmounted, save by a firm confidence in the unvarying truth of the homœopathic law.

As introductory to our more immediate object, a glance at the history of the great Irish famine of 1846-7, will be necessary.

Ireland has been visited, from time to time, for centuries, with partial and almost periodical famines,* which, except as matters of history, and for the suffering produced in the localities afflicted, were soon lost sight of, and their sad but instructive lessons unheeded. Few of the present generation will ever forget the melancholy visitation of 1846-7, when, at the approach of some unseen but all-powerful agent, of which we know exactly nothing,

* In the year 1740-1 (*called the year of slaughter*), it was estimated that one-fifth of the entire population perished of want and fever! In the years 1798 to 1800, general scarcity and dearness of all provisions. In 1817-8, general distress all over Ireland, from the same causes, one million and a half of the population having been affected with fever that year. In 1822, almost total loss of the potato crop in Munster and Connaught. In 1831, the same in Galway, Mayo, and Donegal. In 1835-6-7, partial famine in various parts of Ireland. In 1839, a partial failure of the potato crop in most parts of Ireland.

the food of millions of human beings was destroyed in the course of a very few days,* and when in the face of the most amazing efforts made for its relief by all classes of society in England, America, and various continental countries, hundreds of thousands of victims told how insufficient all human aid must prove at such a crisis.

The recent potato disease first appeared in Ireland in the autumn of 1845, and caused the destruction of a large portion of that season's crop, but only in particular districts, and to a partial extent, which was in some degree compensated for by an abundant crop of corn and of green vegetables, hay, &c., so that none were prepared for the universal destruction of the next year's crop, which occurred much earlier in the season (long before vegetation had ceased), and more generally than at the previous visitation. The corn crops also proved very deficient, both in those countries, and all over Europe, necessarily followed by an extraordinary

* The following extract from the able and impartial history of the "Irish crisis," by Mr. Trevelyan, in the *Edinburgh Review* (January 1848), conveys a good description of the rapid destruction of the potato crop which then took place:—'"On the 27th of last month (July), I passed," Father Mathew writes in a letter published in the parliamentary papers, "from Cork to Dublin, and this doomed plant bloomed in all the luxuriance of an abundant harvest. Returning on the 3rd instant (August), I beheld with sorrow one wide waste of putrifying vegetation. In many places the wretched people were seated on the fences of their decaying gardens, wringing their hands, and wailing bitterly the destruction that had left them foodless."'

increase in prices, so that in most parts of Ireland the cost of provisions became more than doubled, and in many places (where food at other times was cheapest) nearly trebled. The almost inevitable consequences soon followed; the greater part of the population, previously existing—almost without the use of money—on potatoes, easily obtained by a small outlay of labour and seed, found themselves without food, or the means of purchasing it, and want and starvation began to prevail very generally. At this particular juncture, the system of "public works" was humanely instituted by the Government, afterwards so grievously abused, and gradually extended during the winter and spring, till the major portion of the male population was employed.*

As the winter advanced, distress increased to a most fearful extent, in spite of the employment given to myriads of the people, and melancholy instances of death from actual starvation were of daily occurrence by the roadsides, in the fields, and often of entire families, shut up in their wretched hovels. Thus did matters go on without improvement till the latter end of March, when vast supplies of Indian

* The numbers were—in October, 114,000, in December, 440,000, in January, 570,000, thence gradually increasing till March, when 734,000 (representing nearly three millions of the population) were so employed, when the Government found it necessary to dismiss twenty per cent., and the remainder gradually, till nearly all were disbanded in June, as otherwise the lands would have remained uncultivated.

corn and meal arriving from America, and the continent,* prices declined most rapidly, and the supply even in the most backward places became abundant, from which time the previously numerous instances of death by starvation became more and more rare, finally disappearing as the system of out-door relief under the new Poor-Law Act came into operation, towards June and July.

As might have been expected, disease rapidly followed in the track of famine,† adding fresh victims to the ravages of the latter, prolonging (or renewing) the period of suffering and affliction.

Dysentery had appeared early in that fearful winter, increasing in amount until spring (the time most to be dreaded for epidemics), when fever followed, and the entire of Ireland became covered with a widely-devastating pestilence, by which numbers of the clergymen of all persuasions, medical men, and the resident gentry, who had devoted themselves to the relief of their afflicted fellow-creatures, fell victims to their benevolent exertions.‡

* In the last week of March, it was estimated that in the harbour of Cork alone, upwards of 250 vessels were lying, containing nearly 50,000 tons of Indian corn, and a fall in price of three to four pounds a ton took place within a few weeks.—"The Irish Crisis," in *Edinburgh Review*, January 1848.

† The connection between famine and fever will be resumed in another place.

‡ The week after my arrival in Bantry, the Rev. Dr. Trail, of Skull (10 miles from Bantry), died of exhaustion, consequent upon repeated attacks of the epidemic, caught in close attendance

I cannot better illustrate the ravages which fever and dysentery were then committing, than by introducing the following quotation from the second edition of my friend Mr. Sampson's work on Homœopathy,* published in January of the present year, which will at the same time explain the cause and origin of my mission to Ireland.

"During the early part of 1847, the accounts from Ireland of the daily extending ravages of pestilence first took that frightful form, which caused the year to assume the place it now occupies in the records of human calamity. It was not, however, until the 26th of March that the extent of the evil became fully known. On that day the news came from three localities widely asunder, Armagh, Mayo, and Cork, that the progress of disease in the respective districts was such, that hundreds of the sufferers were totally without any medical assistance whatever, that the workhouses were crowded, and that the attendants and medical men were daily dying, so that, in many instances, both paupers and officers were alike destitute.

'"In Ballinrobe," said the *Mayo Constitution* of the 23rd of March, "the workhouse is in the most awfully deplorable state,

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upon his poor parishioners; also Capt. Drury, the inspecting officer of public works in Kinsale; and the curate of Bantry (Rev. A. Hallowell), as well as the physician to the union, were both laid up with the same disease; also one or two Roman Catholic priests, in the county between Bandon and Cork.

* Homœopathy, its Principle, Theory, and Practice.

pestilence having attacked nearly all within its walls. In fact, the building is one horrible charnel-house, the unfortunate paupers being nearly all the victims of a fearful fever, the dying and the dead, we might say, huddled together. The master has become one of the victims; the clerk, a young man, whose energies were devoted to the well-being of the Union, has been added to the number; the matron, too, is dead, and the respected and esteemed physician has likewise fallen, in his constant attendance on the deceased inmates. This is the position of the Ballinrobe house, every officer swept away, while the number of deaths amongst the inmates is unknown. It yet remains, also, to add, that the Roman Catholic chaplain lies dangerously ill of the same epidemic."

"From Cork the accounts were equally alarming, and amongst other details, mostly showing that 'professional men seemed to be more particularly marked out as doomed victims of the malady,' and that, consequently, the great want amongst the mass of the sufferers was that of medical attendance, the following appeared in the *Reporter* newspaper:—

"'Most horrible—most dreadful—are the last accounts from the west of Cork, even to listen to the description given by eye-witnesses of what is passing in that part of our county, and, above all, in the two Carberies. A gentleman who has sojourned there, whose duties compelled his stay, assured us, no later than last Sunday, that none of the communications appearing in our journal conveyed an adequate notion of the terrible realities. It is not food the unfortunate people now want most—it is medical attendance; not additional poorhouses, but hospitals they require. A pestilential fever, more mortal and destructive than cholera or plague, is carrying off the poor. All the food, solid or liquid, on earth could not save them without medicinal and sanitary accompaniments of the most extensive, active, and efficient sort. There is not a house from Bantry to Skull, that, with scarce a dozen exceptions, does not contain either the sick, the dying, or the dead. The latter lie where they die, or are barely pushed outside the thresh-

olds, and there suffered to dissolve. Their living relatives within the huts are too feeble to remove them further; and the strong, outside, from distant places (and they indeed are few) are afraid to handle unshrouded and uncoffined bodies. Judge of the consequences. The weather begins already to grow warm, and decomposition sets in more rapidly than a month since. Let us state two or three facts which we have on unimpeachable testimony. Our informant is one who, besides being incapable of an untruth, has an interest rather in exposing than encouraging exaggeration. He has told us, that in one locality, where public works are in progress, the labourers were forced to examine a cabin at some distance, in consequence of the noxious and intolerable effluvium issuing from it. They discovered in it five bodies in an advanced stage of putrefaction, the whole of a family who had died none knew when. None of the labourers dared touch the bodies, and to protect themselves while remaining on the work, where they were compelled to earn their bread and chance of life, they pulled down the hovel, heaped timber and thatch over the blackened corpses, applied fire, and kept aloof until the dwelling and the dead were consumed to ashes. Such was the interment. It is our duty to publish these appalling facts. We have authentic information of others just as dreadful, but our flesh creeps at the remembrance. We must, however, in order if possible to instigate the authorities to adopt proper measures, state one other fact for their consideration. In the neighbourhood of Dunmanus Bay three dead bodies were lying for many days, and still, we believe, remain exposed outside the thresholds of three cabins, while within, the families were dead, or dying, or struck down by fever. None of the peasantry, for the world's wealth, would go near the bodies—such is their apprehension of contagious fever; even the Water Guards at a neighbouring station dreaded to approach them. There they lay festering in the sun, and breeding pestilence, and there, for aught we know, they still remain, emitting poisonous exhalations, and rendering the recovery of the sick within the cabins altogether hopeless."

"When these accounts, which appeared in the *Times* of the 26th of March, first met the eye of the author

of the present work, the idea instantly flashed upon him, that a more noble field on which to test the powers of Homœopathy could not have been presented. He accordingly requested Mr. Heurtley, the Honorary Secretary of the English Homœopathic Association, with which he and that gentleman were then connected, to summon a meeting of the Committee, with the view of proposing that a homœopathic practitioner should be immediately despatched, at the expense of the Association, to the scene of destitution, with instructions for him to proceed at once to Bantry or Skibbereen, or whichever might prove the most infected district, and there to offer his gratuitous aid, without any other limit than that which would be occasioned by the exhaustion of his own physical powers. This proposal was at once hailed by the Committee, and after an attempt at opposition from two persons, whose motives subsequently transpired, and from whom the leading friends of Homœopathy have subsequently disconnected themselves, it was immediately adopted and carried into execution. The party selected for the arduous mission was Mr. Joseph Kidd, an Irishman, but a member of the London College of Surgeons, and this gentleman joyfully undertook its duties without the slightest prospect of remuneration, and in the full consciousness of all the appalling circumstances with which he would be called upon to contend. He knew that in the midst of the ordinary difficulties of his task he would be assailed by the cries for food of the miser-

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able beings by whom he would be surrounded, that he would have to attend the sick lying side by side with the dead, that all ordinary requirements would be disregarded, that fresh air, warmth, cleanliness, and every other aid would be wholly wanting, that he could hope for no professional co-operation, and that, in fact, it would have been difficult to have imagined circumstances of greater disadvantage under which his exertions could be carried on. But he had had some years' experience of Homœopathy, and hence he went with undaunted confidence upon what, under other circumstances, would have seemed a hopeless and a most dangerous undertaking."

This very serious step was undertaken by me, not in a spirit of blind enthusiasm, but after the most mature consideration of all the dangers, obstacles, and difficulties which might be expected to oppose our efforts, and in the full confidence that at all times Homœopathy wants nothing but a field in which it may be tested, to prove triumphant.

Nor was my confidence shaken even by the gloomy forebodings and discouraging opposition of a professional colleague, who was at that time a leading member of the Committee of the Association, nor by the petty and vexatious impediments of another professional member, belonging to that "*genus irritabile*" whose love of approbation preponderating over the intellectual faculties, cause them to view an original idea of any other mind, no matter how beauful and perfect, as if it were unsightly, and to op-

pose it by every petty shift and hindrance in their power.*

Leaving London on the night of Saturday, April 3rd, with the utmost dispatch, the following Tuesday found me in the city of Cork, and, after making the necessary inquiries, I determined to press forward to some part of the west of the county of Cork, where most disease and destitution were reported to exist. Accordingly, I started for Bandon, where I called upon the rector (the Hon. and Rev. Mr. Bernard), who very kindly afforded me much information about the state of the country, and recommended me most earnestly to make Bantry the scene of operations, knowing it to be then overflowing with disease, and that, on account of the illness of its chief physician, and the increase of sickness, it was, in a great degree, destitute of medical aid.

Without loss of time, therefore, I went forward, and reached Bantry towards midnight, where the sounds of misery soon came upon our ears from the sobbing crowds of children at the coach windows, as, drenched with rain, they importuned for food. Never was a more pitiable cry raised; and by those upon whom it fell, it can scarcely ever be forgotten.

Bantry is a small town in the west of the county

* It is deserving of remark, that no sooner had the idea thus opposed led to successful results, than the party last alluded to took immediate occasion to attempt the appropriation of a portion of the credit of the scheme, and to bruit about the share of *eclat* due to him, for his exertions in having urged it on.

Cork, with a population of about 5000, situated near the bay of that name; and within a few miles of those places, immortalized in the annals of suffering and distress, Skibbereen and Skull. The country surrounding it forms the most picturesque and grand district in the south-west of Ireland.

Immediately after my arrival in Bantry, I called upon the vicar (the Rev. John Murphy), whose kindness was most liberally extended to me in many ways, during my entire stay, and the example of whose devotion to the relief of his destitute parishioners of all sects became a continual source of encouragement to me in my labours in the same field. This gentleman forthwith invited me to accompany him on one of his daily visits of charity, through the outskirts of the town, and then for the first time did the full reality and extent of the desolation of the people come upon my astonished vision. Up to this period I had only seen, in my rapid passage through the country, a few of the ordinary horrors of the times; and as we visited one after another, the wretched huts filled to overflowing with disease and misery in the most loathsome and terrible condition to which human nature could be reduced, I found how far even imagination had fallen short of what was really to be witnessed.

For months previously I had read, in common with every body else, the sickening details of the sufferings of those poor people in the English and Irish journals. I had read of them, till the whole thing seemed a

mass of exaggeration, drawing the crowding horrors of all other centuries into one hapless period and locality. Even, however, with all this, and the glimpses of misery I had caught since my arrival in Cork, I was totally unprepared for the ghastly sights which encountered us at every step.

In a very short time we saw some hundreds of cases of fever and dysentery lying in the most helpless and destitute condition. In many of the wretched huts, *every inmate lay abandoned to their fate.* Fever and dysentery side by side on the same scanty pile of decomposing straw, or on the cold earthen floor, without food or drink. In a few cases we saw fever patients exposed under the lee of houses or walls, half protected from the inclemencies of that climate (proverbially a moist one) by a few furze bushes. Entering one house, our eyes met the coffins with sliding bottoms,* which it had been found necessary to introduce, and which in this instance were employed to remove two of four victims to fever in one family, having been used for the others a few days previously, leaving two more almost in a lifeless condition in the midst of the same virulent disease.†

* Owing to the enormous increase of mortality at Bantry, and several other places, it became almost impossible to procure coffins for the dead, which obliged the Relief Committee to have coffins made with moveable bottoms. Horses and men were employed to carry the dead in these coffins to the grave-yard, *where they were buried* in large pits, one of which, it is stated, contained nearly 500 bodies, before it was closed in June or July, all of whom had died in the workhouse alone.

† These two were amongst the first cases whose treatment I

I communicated that night with Mr. Heurtley, the Honorary Secretary, apprising him of what I had witnessed, and stating that very little chance existed of any systematic plan of operation being carried out. It was therefore resolved that I should devote my services promiscuously wherever they might be most needed. Accordingly, each succeeding day found me alone amongst some of the most wretched of those that I had recollected seeing on my first survey, and after much trouble in each case, even in procuring vessels to contain the medicine, and loss of time in cleansing them myself, I was enabled to leave what was most appropriate. Thus did matters go on, gradually increasing the number of cases (every one of which was carefully entered in a note-book), till it reached nearly a hundred, before the end of a week.

By degrees the sphere of operations enlarged, till, to visit one half of the entire number under treatment, became a hard day's work, requiring me to be out from ten or eleven o'clock in the morning till five, six, or seven in the afternoon, the greater part of which time was spent in the most intimate contact with fever and dysentery, being frequently obliged to remain nearly half-an-hour in one single hovel, crowded with poor sufferers, till human nature could hold out no longer, and an instinctive and almost convulsive effort would cause me to escape

undertook. It will be seen from the note of cases 7 and 8 in the Appendix that they both recovered.

from the close atmosphere of peat-smoke and fever-miasm to the open air.

At the conclusion of the day's work, with face, hands, and clothes begrimed with smoke and dirt, would I reach home, with the same ordeal to pass through on the morrow, and every day; and yet, notwithstanding such exposure to the most fruitful sources of contagion, I escaped most perfectly, although the only precautions observed were, an hour's walk every morning over the hills of that beautiful country, and moderation in living.

I shall now proceed with the history, description, and treatment of fever and dysentery in Bantry, in so far as it fell under my observation.

The history of fever, as it appeared in Ireland during the spring and summer of 1847, is highly interesting in its medical relations, and also in the very important and instructive lessons of political economy, deducable from the very close connexion which it has proved to exist between famine and fever.

A warm controversy has been carried on as to this connexion by two very able physicians in Dublin, Dr. Corrigan, of the Whitworth and Hanwick Fever Hospitals, and my friend Dr. H. Kennedy, of the Cork Street Fever Hospital. The former published a pamphlet in 1845,* ascribing the production of

* On Famine and Fever, as Cause and Effect in Ireland, with Observations on Hospital Location, and the Dispensation in Out-

fever to the direct agency of famine, strengthening his assertion by many telling facts and coincidences collected from the histories of previous epidemics. This opinion was also very much favoured by the epidemic of the next year following immediately on the great famine of that year. Dr. Kennedy, however, in his pamphlet,* published the year after Dr. Corrigan's, giving the matter a more searching and philosophical examination, controverts the position of the former, proving from numerous examples, and from the late visitation, that the amount of famine bore no relation to the amount of fever, that famine often occurred without fever, and *vice versâ*, and that in some cases, famine existed for a long time without fever, and soon after abundance had replaced it that fever then broke out with great virulence. He also pointed out that several epidemics of fever in Ireland were ascribed by their historians to superabundance of food; and the conclusions he arrived at were, that there is a very intimate connexion between famine and fever, not as cause and effect, but as effects of one and the same cause, "the epidemic constitution," which, affecting the vegetable world, had caused the destruction of food, and which, in the human family, had produced fever and other

door Relief of Food and Medicine. By D. J. Corrigan, M.D., M.R.C.S.E.

* Observations on the Connexion between Famine and Fever in Ireland and elsewhere. By H. Kennedy, M.B., A.B., T.C.D.

epidemic diseases. His arguments are, that the epidemic tendency to fever and various other diseases (small-pox, scarlatina, &c.) had commenced before the famine, that these epidemic diseases had in most cases extended into other countries, far removed from the seat of famine; and that the same influence had also affected the lower animals with peculiar diseases.

Fever became prevalent in Bantry and its neighbourhood in the beginning of February, and continued to increase till the end of May, when it commenced to decline, both in frequency and in virulence, the amount in June being considerable, while in July and August a most rapid diminution took place, amounting, indeed, almost to a total disappearance.*

The causes of fever have been generally divided into predisposing and exciting,† the former being those which induce or cause changes in the system (as improper and insufficient food, by lowering the general standard of health, and causing depression of the mind and spirits), that render the individual more susceptible of the disease, when exposed to an

* Fever and dysentery have been again prevalent there this year, but to a slight degree, compared with the previous year.

† Predisposing causes have been also named internal, or belonging to the system, that is, that the changes produced in the condition of the solids and fluids of the body and of the *moralé* of the mind by those causes, are the true predisposing causes, and not their direct agency. Exciting causes have also been named *external*, their agency being *direct*, and from without (as contagion, or exposure to cold and wet).

exciting cause; the latter, those which actually induce or engender the disease.

The principal of the predisposing causes may be considered mental and physical depression, the results of improper and insufficient food, over fatigue, or anxiety, sudden changes of temperature, the ordinary change of seasons, and the crowding together of many individuals in close, ill-ventilated rooms,* where the light of the sun is entirely or partially excluded.

The principal exciting causes of fever may be enumerated as, contagion (by contact or communication with others previously affected), emanations from animal or vegetable matter in a state of decomposition, and exposure to cold or wet.

These causes (both predisposing and exciting) operate with different force and in different proportion in different epidemics, the most powerful in one being often absent in another; as an invariable rule, the more of them in operation, and the longer the time of that operation, the greater probability that fever will follow. In the epidemic which constitutes the immediate object of the present Essay, few will deny that famine, with its long train of secondary consequences, was the most powerful and constant of the

* In some instances this would seem to become a direct or exciting cause, as in that of "the black hole" at Calcutta, where fever attacked every one of the survivors *directly;* also in the sudden crowding on board emigrant and convict ships, in gaols, &c.

predisposing causes, while of the exciting causes, the most active were contagion, and exposure to cold and wet.

In the condition of the people at Bantry, and places similarly afflicted, every circumstance favourable to the development of fever could be observed; in the crowding together* of numbers of debilitated individuals in the lowest state of mental and physical depression, in most cases existing upon one small meal (containing from six to eight ounces of solid nourishment) each day, for which they were obliged to remain in a state of semi-nakedness,† exposed under the open air in a dense crowd surrounding the soup kitchen (where many scarcely recovered from fever were forced to come) for eight, ten, or twelve hours,‡ owing to the difficulty and delay in preparing cooked food for so many thousands.

* Owing to the numbers of poor people obliged to desert their dwellings in the country parts (where starvation threatened), to seek refuge in the town, all the huts became filled to suffocation with occupants, (three, four, or five families occasionally living in one house or room,) in which fever was sure to break out, of a most dangerous and fatal character,

† Early in the course of the distress, there was a universal rush amongst the people to pledge and dispose of their clothes to procure food, insomuch that every pawnbroking establishment in that entire country became suddenly filled, so that their capital being expended, they were ultimately obliged to remain idle or closed for many months; necessarily, the sufferings of the poor from the loss of their clothes, when the severe weather appeared, were incalculable.

‡ Often have I seen a large portion of the crowd unserved with their scanty pittance at ten, eleven, or even twelve o'clock at night,

The most prevailing type of fever in Bantry was continued fever; there was also a good deal of typhus with extreme nervous depression and debility; also some cases of inflammatory typhus with furious delirium, raving, and other evidences of cerebral implication.

Continued fever generally commenced (in most cases after exposure to contagion) with languor, muscular exhaustion, and mental depression with headache; after a few days becoming more thoroughly developed, with increase in frequency of pulse, (although the strength and volume were very deficient) dryness and heat of skin, heaviness and dull aching pain over the frontal region in the eyes and eyelids, constant thirst with dryness of mouth, white, brownish, or yellow coating of the tongue, loss of appetite, nausea, vomiting, with painful sensibility of the epigastrium, constipation, urine in general very little changed in quality, rather deeper in colour, but without deposit, and scanty.

In many cases chest symptoms appeared, with cough of various characters, either dry and hard, with thick whitish phlegm, difficult of expulsion, with or without pricking pains in the chest on coughing, or full and shaking, with copious, thick, yellowish-white expectoration. In some cases the cough was attended with obstruction of breathing, and thick,

occasionally obliged to leave without it till the next day; it was a matter of perfect certainty, that most of those remaining even to that time had not tasted food of any sort since the corresponding hour the day (or night) previously.

tenacious, muco-sanguineous expectoration, and dull or acute pains in the chest.

Almost invariably, in the early stages of this variety of fever, appeared aching or shooting pains in the extremities (mostly in the lower), aggravated by movement, and attended with tenderness and pain in the muscular portion of the limbs; the sleep was generally disturbed at night, either by the teasing cough setting in towards midnight, or by general anxiety and restlessness.

The first symptom of amendment was generally seen in diminution of the frequency of pulse, gradually followed by amelioration of the pains in the head and limbs, in the cleaning of the tongue around its edges, returning appetite, softness and coolness of skin, and sleep, till convalescence became established (about the sixteenth to twentieth day).

The medicines used by me in the treatment of this class of fever cases were *aconite*, *bryonia*, and *belladonna*. In many cases, towards the middle and latter stages, it was found necessary to administer *nux vomica;* in some cases, also, *rhus toxicodendron* was resorted to. Several other medicines were used in isolated cases, and against particular symptoms.

The approach and progress of typhus differed very much from continued fever; from the very commencement the heat of skin and acceleration of pulse being very inconsiderable, and in the middle and latter stages being almost invariably below the natural standard. For two or three days the patient would

labour under lassitude and languor, with loss of appetite and of sleep, the tongue being generally the first index of the probable mischief in store. About the fourth or fifth day, the disease being generally well marked, with a very slight heat of skin, which felt soft and clammy, being covered with moisture, (not like the ordinary feel of a perspiring skin, but as if the skin were damped, and by some contrivance all evaporation prevented,) the pulse very little, if at all altered, except in strength, which even at this period would be somewhat deficient; the tongue presented a most characteristic appearance, in general dry, hard, and glazed, like brown leather, or deeply covered with brown or blackish fur. In some cases it appeared soft, moist, and tremulous, covered with a perfect and uniform layer of pure white paste or mucus, (this in general omened a very severe and dangerous form of the disease,) the gums and teeth became covered with brownish incrustations, thirst being incessant and insatiable, with nausea and vomiting; in many cases abdominal symptoms, as tension and tympanitic resonance of abdominal wells, with tenderness and shooting pain over either iliac region (in general the right); bowels seldom costive, in general relaxed, with or without pain; urine in a few cases suppressed, in most unchanged; head in general implicated, in most from the beginning, with aching and heaviness at the forehead, throbbing at the temples, vertigo, sense of emptiness and bewilderment; delirium, mostly at night, with low muttering,

or with stupid, heavy insensibility, and incoherence of speech.* The eyes appeared dull, inanimate, and listless, with the head instinctively turned from the light. In a few cases, towards their termination, a peculiar sort of stolid deafness supervened, which gradually disappeared as convalescence advanced.

Almost invariably, the lower extremities were complained of as being dead and numbed, rendering the least motion impossible (but without any actual pain), the feet and legs feeling cold and damp.

General debility and prostration set in early in the disease, and proved the most obstinate of the symptoms.

In most cases sleep was disturbed or absent for many days and nights, with general restlessness, frequently caused by teasing cough, most usually coming on about midnight. In a few cases the cough was attended with obstruction of breathing, and sharp or dull pains in the chest, or with abundant mucous expectoration, which the patient had much difficulty in expelling.

The first symptoms of improvement generally appeared about the fourteenth or fifteenth day, in the condition of the tongue, the dry glazed appearance becoming interspersed with patches of moist redness, and the uniform white paste-like layer breaking off in flakes, exposing the natural pale-red appearance of the tongue below. Gradually sleep visited the

* Where consciousness existed in this period, there was great mental anxiety and depression, with restlessness and want of sleep.

sufferer, appetite returned, and convalescence ensued with tolerable rapidity, and was very well established in fifteen days after the improvement commenced.

The medicines chiefly used in typhus were *rhus tox.*, *bryonia*, *arsenicum*, and *phosphorus ; aconite* being seldom employed except in a few cases where the treatment commenced very early, or where heat and dryness of skin existed for a few days. In most cases it was not found necessary at any period of the disease, the sphere of operation and utility of *aconite* in typhus being very small, compared with that in continued fever.

The medicines upon which most reliance were placed, and which proved most successful, were the four already enumerated, although some others were used in a few cases.

The convalescence of the fever patients was most satisfactory, indeed, too rapid in most of the cases of continued fever, as the poor sufferers, finding their strength to be so quickly restored, were apt to make too free with the cold air, and to partake largely of indigestible food, (Indian meal, in hard cakes or in porridge, even rice in many cases proving too indigestible,) the result of which was, that nearly one-sixth of all the cases of continued fever suffered a relapse* to a fever of far worse character, although

* The same unusually great liability to relapse had been previously noticed in several epidemics of *fever following famine* in Ireland.

of shorter duration than the original. This generally occurred about the second or third day after all traces of the original fever had disappeared, and in most instances the one single cause (improper food) could be traced, which the first glance at its symptoms immediately confirmed. In a few, exposure to cold in the open air, or to draughts of cold air in their houses, proved the exciting cause.

Every possible effort was made to guard against this disagreeable consequence, by restraining the patients to bed, or to the room, as long as a symptom of fever remained, and by giving careful directions as to diet, also by explaining the dangerous nature of the relapse fever; but in many cases (as might naturally have been expected) without avail, as convalescents after fever generally feel a very sharp appetite for the first few weeks, to restrain which would have required more philosophy and reasoning powers than those wretched creatures could be supposed to have possessed, particularly at such a time, with the dread of actual starvation impending over them.

The food found to agree best with convalescents was rice, boiled in water, or milk (rarely); in some cases white bread and milk, boiled or not. These, however, were obtainable in a very small number of instances.* With few exceptions, therefore, the

* Towards the close of my labours in Bantry, the humane exertions of Mr. Sampson enabled me to obviate this melancholy want, the Committee of the "British Association for the Relief of the Destitute in Ireland," having through his

cases I had dealt with were again taken under the treatment. In the detailed results, however, which will be found in the Appendix, these are not entered as fresh cases, and the double cure, therefore, is merely recorded as a single one.

The symptoms of the relapse fever were in general throbbing, shooting pains in the forehead and at the top of the head, with vertigo, flushing of face, expressive of intense anxiety, restlessness, and despair of recovery, the eyes looking dull and inanimate, with quivering of the eyelids, the tongue presenting one almost unvarying character, being soft, moist, tremulous and covered with a dense layer of whitish fur or paste, nausea, sickness, and vomiting, frequently to a most distressing extent, with soreness at the epigastrium, aggravated by food, drink, or pressure, bowels generally relaxed, with griping pains, or constipated, skin burning hot and moist, pulse rather accelerated, but weak or irregular, constant agitation and restlessness, with loss of sleep. The usual duration of the re-

representations placed a quantity of rice at my disposal. His Grace the Archbishop of Dublin at the same time transmitted me, through the same channel, a donation of £10, and Mr. Samuel Jones Loyd a like amount. I also received £2 from Richard Beamish, Esq., F.R.S., the whole being for the relief of the destitute convalescents. This enabled me, as my professional exertions were coming to a conclusion, to provide with rice, bread and milk, and fuel, many hundreds, partly those who had recovered under my own care, and every one else that seemed in the same condition after sickness, that I could make out, that otherwise might have perished from imperfect convalescence, diarrhœa, and want.

lapse fever was from four to eight days, when the nausea and pain at the epigastrium diminished, and the tongue became clean, with gradual disappearance of the other symptoms.

Nux vomica was found to be the most certain and useful medicine in these cases, (sometimes preceded by a few doses of aconite,) under its action the tongue becoming rapidly clean, the skin cool, and the head-ache disappearing, so that in a few days the patient was again in a fair way towards recovery, but with an increased degree of weakness. It was generally administered every four hours, in solution in water (the tincture), the intervals being gradually lengthened to twelve or twenty-four hours. *Bryonia* and *arsenicum* were also used.

Two or three cases suffered a second relapse, and were again treated with success. There were instances even of a third relapse.

Relapse followed typhus much less frequently, in proportion to the number of cases, than continued fever, which happy immunity was principally owing to the return of strength being more gradual, and the appetite not being so soon restored, which rendered the convalescents more careful in taking food, and in going into the open air.

Where relapse did follow typhus, it approached more closely in character to the original fever than did the relapse of continued fever to its original type, and, as might have been expected, with an increased degree of debility and exhaustion, which rendered it

more dangerous and fatal than ordinary typhus; one of the two deaths from fever being in relapse after typhus (the second was in a case of continued fever, with pleuro-pneumonia).

As health became restored to the convalescents, and as they reverted to their old mode of diet, diarrhœa frequently followed, particularly after typhus, or where much debility had previously existed; it was most usual in old persons, or in young from about the ages of six to sixteen years. From the utter impossibility of removing the exciting cause in most cases, it generally proved a tedious and distressing complaint; at one time being almost cured, but again breaking out, as the cause came into more active operation.

The medicines used were—*arsenicum* in the commencement, and *rhus*, *china*, *secale*, &c., in the latter stage.

As another of the sequelæ of fever, dropsical effusion into the cellular tissue occurred most frequently after typhus, and often to a very great extent. It usually appeared the first week after the convalescence had been established. *Phosphorus*, *bryonia*, *rhus*, and *china*, were the medicines generally used.

Dysentery.—The principal cause of this disease may be clearly traced to the abrupt change which took place in the dietary of the people, from potatoes and milk, and occasionally fish and meat, to the almost unvaried use of Indian meal, owing to the extravagant prices of the other farinaceous articles of

food, (flour, oatmeal, &c.,) and to the scarcity of milk, from the fatality amongst cattle during the winter. That Indian meal is a nutritious article of food, is undeniable (particularly well fitted for those at active labour), but it is equally undeniable, that it was the cause of much suffering and sickness, which may in a great degree be ascribed to its improper preparation, the grain being very coarsely ground, with the bran generally unseparated (which is far more irritating than the bran of wheaten flour), and the meal thus obtained, used, either boiled in water, or made into hard, flat cakes, in either mode alike indigestible.

The distribution of food from the Relief Committee, in the shape of porridge (made of various kinds of meal boiled in water, with salt, spices, and a faint trace of salt meat), also helped to produce and keep up dysentery.

The actual change of diet must also be considered as a powerful cause, for in previous years the supply of potatoes generally fell short, in most parts of Ireland, during June and July, when oatmeal became the ordinary article of diet amongst the poor, as which time every dispensary physician in the country districts had an unusual amount of cases of gastric affections applying for treatment. These causes combined, the change to a diet of indigestible, badly-cooked food, insufficient in quantity, with a general state of mental and physical depression, may be considered as the origin of dysentery.

In order to study its nature and symptoms with more accuracy and satisfaction, three sub-divisions or groups may be distinguished and called, 1st, the acute dysentery; 2nd, the ordinary form as it attacked adults; and 3rd, as it appeared in children; this division not being merely artificial, but the natural arrangement which suggested itself to my mind at the time, and which was constantly acted upon in practice.

1. The symptoms of the first group generally came on suddenly, preceded by constipation for a few days, with excruciating pains all over the abdomen; expression of intense anguish and anxiety on the countenance, with rapid exhaustion; and general symptoms of the most severe kind. Its progress was very rapid, and frequently towards a fatal termination.

The medicines used in this variety were *nux vomica* and *mercurius*, which were generally administered in the commencement in frequently-repeated doses (half-hour, or hour), either singly or in alternation, preceded or not by aconite, according to the urgency and rapidity of the case. In the most urgent cases, *arsenicum* and *veratrum* were used with marked success where *nux vomica* and *mercurius* had been tried for a short time with little relief.

2. The ordinary form of dysentery, as it attacked adults, generally commenced with loss of appetite, nausea, and looseness of the bowels, which gradu-

ally increased, till in the course of four or five days all the urgent symptoms of dysentery became developed.

It was in this class of cases that the effects of *merc. corrosivus* and *nux v.* were best seen, given singly, in succession, or alternately (according to each particular case), at intervals varying from two to six or eight hours. It was seldom found necessary to give *aconite*, as the condition of the patient was rather the reverse of inflammatory, as indicated by slow and weak pulse, loss of strength, &c. *Arsen.* or *veratrum*, *rhus*, and *china* were also used in particular instances.

Anasarca in the limbs or trunk occasionally accompanied and followed dysentery in adults, and continued for some weeks after the healthy action in the intestines had been restored. The remedies used in it were almost the same as those previously described in the treatment of dropsy following fever.

Dysentery, as it appeared in children from the ages of one year to twelve or fourteen, differed in many respects from the same disease in adults, being more difficult of cure, and the symptoms peculiarly characteristic and more severe. Some of the principal points of difference were in the character of pain, in the enormous increase in development of the abdomen, the voracious appetite, the extreme degree of emaciation which ensued in most cases, the rare occurrence of anasarca, the higher ratio

of mortality, and the predominance of symptoms at night.

The medicines found most useful in this class of cases were *arsen.*, *veratrum*, *nux v.*, *merc.*, *rhus*, *sulphur*, *china*, *secale.*

Towards the middle of June, the treatment of nearly two hundred cases having terminated, it was considered proper to bring my labours at Bantry to a close, sufficient time having elapsed to afford the system a full and complete trial, the amount of disease in the place also becoming rapidly diminished, and a new mode of relief being established in the erection of sheds for the reception of those suffering from fever and dysentery, with additional medical attendance, &c., under the provisions of the new Poor Relief Act, passed by Parliament a short time previously.

The duration of my stay in Bantry extended from the 9th of April to 15th June, a period of 67 days, or nearly ten weeks, during which the total number of cases treated was—

Fever* - - - - - - - -	111
Dysentery† - - - - - - -	81
	192

* Twenty-four being cases of typhus, and eighty-seven continued fever.

† Of these eighty-one patients, forty-eight were from the ages of 1 to 16 years; twenty-three from 16 to 50; and ten from 50 to 70. Of the forty-eight young persons, 4 died; of the twenty-

Fever:—Cases cured	- - -	108
Dismissed	- - - -	1
Died	- - - - -	2
		——111
Dysentery:—Cases cured	- -	59
Much improved	-	9
Dismissed	- -	2
Died	- - - -	11
		——81

These results show a mortality of $1\frac{4}{5}$ per cent. in fever, and of 14 per cent. in dysentery.

Those cases were *all taken indiscriminately*, as with the most perfect truth it can be said that no case was refused by me that came within a reasonable distance of my usual rounds, and that was without other medical attendance, regardless even of the most desperate cases, many of which were undertaken without a shadow of hope,* in accordance with my fixed determination to take all cases, without reserve or selection.

The particulars of each of the cases, with the names at full length, the time and duration of the disease, are printed in the Appendix.

The results above quoted consist of a series of reports drawn out from time to time for the Committee of the Association, and ultimately completed

three adults, 3; and of the ten old people, 4: which shows the mortality to have been by far the highest amongst old people.

* A glance at the reports of some of the fatal cases of dysentery in the Appendix will illustrate this statement.

to stand by themselves, in ignorance at that time of the results of the treatment of the same diseases in the Bantry Union Hospital, which at my request were afterwards kindly forwarded to me by Doctor Tuckey, its physician, who copied the following table from the books:—

	Infirmary.			Fever Hospital.		
	Dysentery and Dysenteric Diarrhœa.	Other Diseases.	Total.	Fever.	Other Diseases.	Total.
MAY.						
In hospital on the 1st . .	50	28	78	40	25	65
Admitted during month .	97	20	117	69	60	129
Total treated during month	147	48	195	109	85	194
Died	52	9	61	8	26	34
JUNE.						
In hospital on the 1st . .	42	21	63	31	26	57
Admitted during month .	90	30	120	112	35	147
Total treated during month	132	51	183	143	61	204
Died	25	6	31	16	15	31
JULY.						
In hospital on the 1st . .	40	14	54	30	13	43
Admitted during month .	50	20	70	46	15	61
Total treated during month	90	34	124	76	28	104
Died	13	2	15	11	5	16
AUGUST.						
In hospital on the 1st . .	37	18	55	13	6	19

Owing to the confusion consequent upon the illness of one of the physicians of the hospital, the results for April could not be obtained, so that we can only compare the results of homœopathic treatment during April, May, and the first half of June, with May, June, and July of the Bantry hospital.

It is notorious that the months of April and May were the worst months of that year for fever, and March, April, and May, for dysentery, both in Bantry and all other parts of the county Cork (the mortality being then higher, and the amount greater). As we are thus precluded from a comparison with the results of precisely corresponding times, we are obliged to contrast our period, the greater part of which was at the worst time of those diseases, with the period of the hospital results, the greater part of which corresponded with the improving time of the same diseases.

Even if we take this comparison as one on equal grounds, we find the total number of cases of dysentery admitted during those three months to have been 237, to which, adding 13, the difference between the number in the infirmary at the commencement, and the number at the close of the period, we have an aggregate of 250. Out of this aggregate, the deaths amount to 90, being a mortality of 36 per cent., whilst the mortality under homœopathic treatment was only 14 per cent. Again, the number of completed cases of fever in that period in the hospi-

tal, was 254; of these 35 died, showing a mortality of $13\frac{4}{7}$ per cent.; the mortality under homœopathic treatment being $1\frac{1}{2}$ in the same disease.

That those under homœopathic treatment, circumstanced as they were in general without proper food or drink, should have succeeded as well as the inmates of the hospital of the same town (taken precisely from the same class of people), with the advantages of proper ventilation, attendance, nourishment, &c., would have been most gratifying; but that the rate of mortality under the homœopathic system should have been so decidedly in favour of our grand principle, is a circumstance, it may be hoped, which can scarcely fail to attract the attention even of the most sceptical.

We gladly avail ourselves of an opportunity of forming another very striking and interesting comparison on this subject.

An anonymous contributor in the number of the *Medico-Chirurgical Review* for April of this year, writing on the subject of the epidemic fever in Ireland and elsewhere, has given the following statistics of his own treatment of that disease, assisted by a colleague, in an hospital of which he had the chief management, which hospital is presumed, from his details, to have been in Liverpool or Manchester. It was established, he says, for the reception principally of emigrants from Ireland to this country during that spring and summer, and of others to whom the same epidemic fever had extended, as he

shows, by contagion and contact with the Irish portion of the population.

Total number of cases of fever admitted into his hospital :—

	Cases.	Deaths.	Proportion of Deaths.
Under 15 - -	686	59	1 in 11⅔
15 to 30 - -	1121	79	1 in 14¾
30 to 50 - -	683	104	1 in 6½
Above 50 - -	172	45	1 in 3⅔
	2662	287	1 in 9⅜

A comparison of the rate of mortality in fever under homœopathic treatment, with those results, is very interesting, as being a complete answer to those who attempt to decry Homœopathy as a system of "do-nothing expectant medicine." This gentleman tells us, that his treatment (custom ?) was almost universally to abstain from all interference, and to remain passively watching the cases, ordering them free ventilation, cleanliness, and confinement to bed; simple diluents, water, or milk and water, being given as drinks (having found, he says, a simple saline, given purely as a "placebo" in a few cases, to do harm). But although he congratulates himself upon the success attendant upon thus allowing the cases to take their natural course, undisturbed by medicine, except where lesions of particular organs seemed to render it imperative, we are compelled, when we look upon the rate of mortality—upwards of 10 per cent.—to acknowledge its great height,

when compared with that under homœopathic treatment.

Were Homœopathy a system of "expectant medicine," it might have fared about as well as this gentleman's practice;* but the contrast between 10 per cent. and $1\frac{3}{4}$ per cent. affords another brilliant example that homœopathic treatment, not disturbing the natural process at work in the occult phenomena of disease, still exerts a distinct and specific curative action, thereby shortening its duration and increasing the prospects of recovery.

If additional proof be required, it may be found in the testimony of those who had most opportunity of judging of the efficacy of the treatment, namely, the resident clergymen of both persuasions, and of the gentry of the county forming the Poor Relief Committee, who, having heard of my departure from

* The mortality under his mode of practice was actually less than that in the Bantry Hospital (as 10 to 14 per cent.), where the ordinary remedies of the old school were employed. Hence the plain inference, that those remedies are positively injurious, and should not be used; which inference extends far beyond fever, for the same result followed from a comparison of the rate of mortality in various acute diseases treated in Vienna by Dr. Skoda, Physician of the General Hospital (Allopathic) in that city, (by giving hay water as a "placebo," and allowing the disease to follow its natural course,) with the mortality under the ordinary remedies of the old school by his colleagues in the same hospital, and with the results of homœopathic treatment in the same diseases by Dr. Fleischmann, of the Vienna Homœopathic Hospital, in which comparison the mortality under the "expectant system" was less than under the old school remedies, but much greater than under homœopathic treatment.

Bantry, forwarded to me in London the letters and vote of thanks printed in the Appendix. To myself, individually, the most gratifying circumstance connected with this Irish Mission is in the delightful assurance that the grateful remembrance of many of the poor sufferers still holds, and that, in the words of a correspondent intimately acquainted with the poor of that neighbourhood, writing many months afterwards from Bantry, they "yet continue to bless the means and the instrument which proved so useful to them in the time of their melancholy need and suffering."

*** The medical details of the cases referred to in this Paper, may be found in an "Essay on Fever and Dysentery," read by the Author before the British Homœopathic Society, Dec. 2, 1847, and published in the *British Journal of Homœopathy*, January, 1848.

APPENDIX.

IRISH MISSION.

Report from Mr Kidd of Cases treated at Bantry, in Ireland, from the 9th of April to 15th of June, 1847.

Name.	*Age.*	*Period & Nature of Disease*	*Duration of Treatment.*		*Result.*
			Date.	*No. of Days*	
William Willis	19	2nd day of fever	April 9 to 13....	5	....[a]
Margaret Rodgers.....	8	2nd do.	,, 12 to 21....	10	Cured.
Anne Harrington.....	8	14th do.	,, 12 to 21....	10	do.
Mary Hutchinson.....	34	3rd do.	,, 12 to 22....	11	do.
Mary Holland	27	4th do.	,, 15 to 23....	9	do.
John Collins	15	7th do.	,, 14 to 22....	9	do.
Jerry Sullivan.....	16	14th do.	,, 14 to 21....	8	do.[b]
Thaddeus Sullivan.....	10	16th do.	,, 14 to 21....	8	do.[b]
Ellen Sullivan.....	10	10th do.	,, 15 to 22....	8	do.
Mary Rogers.....	40	3rd do.	,, 12 to May 3	22	do.
Dolly Roohan	43	3rd do.	,, 12 to 26....	15	do.
Daniel Murphy	12	2nd do.	,, 22 to May 3	12	do.
Pat. Downey.....	34	10th do.	,, 13 to 26....	14	do.
Joseph Leary	30	5th do.	,, 13 to 30....	18	do.
Mary Sullivan.....	33	5th do.	,, 12 to 26.. .	15	do.
Jerry Sullivan.....	5	2nd do.	,, 22 to 27....	6	do.
John Downey	18	2nd day relapse of fever..	,, 18 to May 1	14	do.
Kate Regan	39	5th day of fever	,, 21 to ,, 1	11	do.
Con Carty.....	14	5th do.	,, 23 to ,, 3	11	do.
Pat. Sullivan.....	28	3rd do.	,, 23 to ,, 3	11	do.
Pat. Flynn.....	40	14th day relapse of fever.	,, 23 to 30....	8	do.
Dennis Flynn	16	12th day of fever	,, 15 to 29....	15	do.
John Downey	32	7th do.	,, 23 to 30....	8	do.
Mary Rogers	18	3rd do.	,, 28 to May11	14	do.
Johanna Sullivan.....	56	14th do.	,, 17 to ,, 7	21	do.
Mary Cronin	16	6th do.	,, 27 to ,, 8	12	do.
Mary Creemeen	50	8th do.	,, 14 to ,, 2	19	do.[c]
Kitty Creemeen	16	6th do.	,, 14 to ,, 2	19	do.[c]
Pat. Creemeen.....	15	6th do.	,, 14 to ,, 2	19	do.[c]
Francis M'Evoy	13	7th do.	,, 17 to ,, 4	18	do.[d]
John Downey	32	7th do.	,, 23 to ,, 1	9	do.
Margaret Patterson	30	2nd do.	,, 28 to ,, 10	13	do.[e]
Tim. Cronin.....	24	12th do.	,, 27 to ,, 10	14	do.
Mary Harrington	30	2nd do.	,, 29 to ,, 10	12	do.
Johanna Collins.....	16	4th do.	,, 21 to ,, 10	20	do.
Patrick Nagle.....	35	3rd do.	,, 16 to 24....	9	do.[f]
Mary Hutchinson	34	12th do.	,, 16 to May 3	18	Died.[g]
Roger Humphrey	16	2nd do.	May 1 to 16	16	Cured.
Richard Hutchinson.....	35	3rd do.	April 28 to May14	17	do.[h]
Con Roohan	10	2nd do.	,, 24 to ,, 10	17	do.[i]

[a] Treatment discontinued, owing to disobedience to directions.

[b] These two were brothers, six of whose family were seized with fever about the same time. The day of my first visit, the father and one son were buried; and the week before, the mother and daughter died. Of the two survivors, I did not expect the youngest would live another day, and both were so far advanced in fever, that the prognosis was most unfavourable, in addition to which they were reduced to the lowest degree of depression by mental suffering, caused by the loss of the rest of their family and by their great destitution; notwithstanding these circumstances, however, they both recovered.

[c] These three lay on the same bed in very bad typhus, so bad that they were almost abandoned to their fate by their relatives.

[d] A case of cerebral typhus.

[e] A case of low typhoid fever in a phthisical subject.

[f] Relapsed on April 26th; was again under treatment to May 6th. Cured.

[g] She was almost convalescent April 26th; on the 28th, relapse ensued, with pleuritis, which proved fatal.

[h] Was almost convalescent May 6th, when a sad accident occurred to him. During a dreadful night's rain, he lay actually flooded in his bed from the rain pouring in on him from a chasm in the thatch of his cabin. He was so very weak as to be unable to move himself from the bed, and could derive no assistance from the rest of his family (4), who lay in fever at the other end of the wretched cabin, so that he was obliged to remain thus exposed for eight or ten hours till morning, when some charitable neighbour rescued him from the bed that had nearly proved a watery grave. As might have been expected, the fever returned more severely, and his convalescence proved tedious.

[i] Cured also of an attack of diarrhœa after the fever.

Name.	*Age.*	*Period & Nature of Disease*	*Duration of Treatment.*		*Result.*
			Date.	*No. of Days*	
Judith Downey	7	3rd day of fever	April 30 to May 7	8	Cured.
Mary Neal	14	12th day relapse of fever	May 8 to 14	7	do.
Jerry Harrington	30	6th day of fever	,, 10 to 14	5	do.
Kate Collins	16	7th do.	,, 1 to 8	8	do.
Pat. Collins	28	3rd do.	,, 4 to 13	10	do.
Mary Leary	13	5th do.	,, 1 to 8	8	do.
Pat. Leary	12	2nd do.	,, 5 to 14	10	do.
Mary Healy	8	2nd do.	April 28 to May 8	11	do.
Norah Healy	34	3rd do.	,, 26 to ,, 12	17	do. [j]
Joan Healy	12	6th do.	,, 28 to ,, 8	11	do. [j]
Edward Healy	13	3rd do.	,, 28 to ,, 17	20	do. [j]
Cornelius Sullivan	35	10th do.	,, 26 to ,, 4	9	do.
Pat. Flynn	40	14th day relapse of fever	,, 23 to ,, 4	12	do.[k]
John Harrington	22	14th day of fever	,, 28 to ,, 12	15	do.
Dan. Harrington	21	21st do.	,, 28 to ,, 8	11	do.
Kate Harrington	45	4th do.	May 1 to 12	12	do.
Judy M'Carthy	46	2nd wk. edema after fever	April 24 to 30	7	do.
Pat. O'Brien	35	2nd d. fever wh. pleuritis	May 6 to 24	19	do.
Daniel O'Brien	29	2nd day of fever	,, 7 to 22	16	do.
Pat. M'Carthy	46	7th do.	,, 12 to 21	10	do.
Rebecca Willis	23	3rd do.	,, 6 to 19	14	do.
Florence Rogers	13	2nd do.	,, 11 to 19	9	do.
Callaghan M'Carthy	21	5th do.	,, 10 to 26	17	do.[l]
Fanny Hutchinson	22	2nd do.	,, 4 to 20	17	do.
Susan Hutchinson	60	2nd do.	,, 6 to 21	16	do.
Jerry Rohan	48	3rd do.	,, 6 to 21	16	do.
Mary Hussey	34	6th do.	,, 10 to 24	15	do.
Cornelius Cotter	42	12th do.	,, 14 to 24	11	do.
Ellen M'Carthy	16	3rd do.	,, 16 to 25	10	do.
John Kiely	10	4th do.	,, 17 to 24	8	do.
Eugene M'Carthy	12	14th do.	,, 1 to 6	6	do.
Widow Downey	35	5th do.	,, 21 to 29	9	do.
Ellen Connolly	2	4th do.	,, 18 to 24	7	do.
John Connolly	35	4th do.	,, 17 to 24	8	do.[m]
Jerry Leary	14	3rd do.	,, 17 to 29	13	do.
Mary Driscoll	5	3rd do.	,, 16 to 24	9	do.
Jerry Driscoll	40	8th do.	,, 16 to 29	14	do.[n]
John Ford	30	6th do.	,, 14 to 28	15	do.
Norry Ford	23	2nd do.	,, 16 to 26	11	do.[o]
George Sullivan	21	3rd do.	,, 14 to 24	11	do.
Mary Sullivan	10	2nd do.	,, 21 to 26	6	do.
Widow Shea	45	3rd do.	,, 15 to 24	10	do.
Mary Sullivan	60	3rd do.	,, 21 to 28	8	do.
John Mahony	36	3rd do.	,, 22 to 28	7	do.
Pat. Mahony	12	4th do.	,, 23 to 28	6	do.
Pat. Harrington	4	2nd do.	,, 20 to 26	7	do.
Cornelius Regan	5	5th do.	,, 15 to 25	11	do.
Joseph Regan	14	3rd do.	,, 11 to 30	20	do.
John Regan	19	1st do.	,, 11 to 24	14	do.
Mary Connor	5	6th do.	,, 8 to 16	9	do.
Pat. Hussey	32	6th day of fever, with pleuro-pneumonia	,, 10 to 18	9	Died.[p]
John Leary	18	3rd day of fever	,, 19 to June 1	14	Cured.
Judith Cronin	22	3rd do.	,, 21 to ,, 3	14	do.
Kate Cronin	12	5th do.	,, 21 to ,, 9	20	do.
Ellen Downey	21	4th do.	,, 14 to 21	8	do.[q]
Kate Downey	68	2nd do.	,, 23 to June 3	12	do.[r]
Johanna Sullivan	28	6th do.	,, 24 to ,, 2	10	do.

[j] These four patients were members of the same family, the entire of whom I had under my care, and all (7) with favourable results.

[k] Relapsed again on May 7th, under treatment from that day to May 15th. Cured.

[l] This was a case of cerebral tpyhus attended for several days with furious delirium.

[m] This case was complicated with pleuritis.

[n] This was a most melancholy case of utter destitution, with his entire family (4) in fever, without straw to lie upon or clothes to cover him, without food, drink, or fire, till I directed the attention of the Rev. Mr. Hallowell to his case. After his convalescence, he was confined to bed (the earth floor) for a fortnight, for want of clothes to dress himself with.

[o] A case of low typhus, occurring soon after her accouchement.

[p] Along with the pulmonic complication, this person had to contend with extreme mental and physical depression, the effect of his sad destitution.

[q] Relapsed on May 24th, and was again under my care to June 2nd. Cured.

[r] This old woman was the fifth of one family under my care, all of whom recovered.

Name.	Age.	Period & Nature of Disease	Duration of Treatment. Date.	No. of Days	Result.
John Cronin	22	5th day of fever	May 26 to June 2	8	Cured.
Giles Harrington	40	2nd do.	,, 28 to ,, 7	11	do.
Margaret Ford	32	6th do.	,, 19 to ,, 5	18	do.[s]
Daniel Sullivan	32	2nd do.	,, 27 to ,, 14	19	do.
Patrick Butler	12	2nd do.	June 3 to 10	8	do.
Mary Butler	40	5th do.	May 23 to June 15	24	do.[t]
Mary Connor	36	2nd do.	,, 27 to ,, 2	7	do.
Dennis Harrington	35	1st do.	,, 26 to ,, 10	16	do.
John Harrington	3	1st do.	,, 27 to ,, 4	9	do.
Mary Carty	12	5th do.	,, 24 to ,, 2	10	do.
Mary Carty	45	5th do.	,, 26 to ,, 10	16	do.
Peggy Carty	6	3rd do.	,, 24 to ,, 2	10	do.
John Carty	26	3rd do.	,, 24 to ,, 3	11	do.
Dennis Carty	21	2nd do.	,, 25 to ,, 2	9	do.

[s] Relapsed on June 7th, was again under treatment to June 14th. Cured.
[t] A case of low typhus, with extreme nervous depression.
[u] Six members of this family recovered from fever under my care. Dennis Carty relapsed on June 4th, was again under my treatment to June 10th. Cured.

In the above statements, the date of recovery is fixed from the day on which the patient was so far well after the fever as not to require medicine, or where the patient was able to leave the bed with safety.

In most of the cases where relapse occurred, it was clearly traceable to the use of improper food, which the poor convalescent was frequently obliged to partake of, from the difficulty of obtaining a more digestible or wholesome description than Indian meal made into thick porridge or hard cakes. Rice was found to agree with the convalescents very well, but in many cases the supply of it was so small, that the weekly allowance was used in three or four days.

The drinks generally used by the fever patients were rice water, milk and water, cold water, and in a few cases whey.

The ages of the patients stated in the above and in the following report were ascertained as accurately as possible, but cannot be considered as absolutely exact.

It was an invariable rule to visit the patients occasionally, for at least a week after the treatment was discontinued, in order to ascertain if relapse should have occurred.

Name.	*Age.*	*Period and Nature of Disease.*	*Duration of Treatment.*		*Result.*
			Date.	*No. of Days.*	
Anne O'Connell	18	10th day of dysentery	April 11 to 19....	9	Cured.
Roger Donoghue....	2	7th day ditto	,, 17 to 22 ...	6	do.
Judith Sullivan	12	2nd week ditto	,, 15 to 22....	8	do.
Dan. Sullivan	54	7th day ditto	,, 13 to 16....	4	do.
Edward Healy.....	60	8th week ditto	,, 13 to 19....	7	do.
Cornelius Healy....	35	4th day ditto	,, 15 to 21.. .	7	do.
James Butler	12	3rd day ditto	,, 15 to 22....	8	do.[a]
Dan. Hoolahan	15	3rd week ditto	,, 17 to 24....	8	do.
Mary Connor	2	6th week ditto	,, 14	1	Died.[b]
Tim. Harrington ...	6	3rd month ditto	,, 12 to 25....	14	Cured.
Dennis Harrington .	3	6th day ditto, with prolapsus ani.....	,, 12 to 25....	14	do.
Eliza Hutchinson .	4	6th week ditto, with prolapsus ani.....	,, 12 to 26 ...	15	do.
Thady Downey	6	6th week of dysentery	,, 13 to 28....	16	do.
Dennis Downey	7	2nd week ditto	,, 26 to May 3	8	do.
Michael Downey....	3	3rd month ditto	,, 12 to 30....	19	do.
Sally Harrington ..	28	4th week ditto, with general dropsy.....	,, 15 to 21....	7	Died.[c]
Pat. Neal	60	2nd week of dysentery	,, 13 to 30....	18	Cured.
Widow Shea.....	50	4th month ditto	,, 15 to 24 ...	10	do.
Anne Holland	2	3rd day ditto	,, 17 to 26....	10	do.
Bridget Collins	24	7th week ditto	,, 22 to 28....	7	do.
Kitty Hickey	13	10th day ditto	,, 22 to 29....	8	do.
Sally Sullivan.....	3	8th day ditto	,, 24 to 29....	6	do.
Kitty Healy	10	3rd wk. of diarrhœa aft. fever	,, 18 to 26.. .	9	do.[d]
Thady Daly	13	5th day of dysentery.....	,, 19 to May 1	13	do.
Jerry Foley	70	14th day ditto	,, 17 to 21....	5	Died.[e]
Bridget Shinahan ..	70	6th month ditto	,, 14 to 19....	6	Died.[e]
John Holland	6	14th day ditto	,, 22 to 26....	5	Cured.
Anne Holland.....	2	3rd day ditto	,, 21 to 26....	6	do.
Mary Harrington....	6	6th week ditto	,, 15 to 18....	4	Died.
Johanna Downey ...	6½	3rd month ditto	,, 17 to May 3	17	Cured.[f]
Cornelius Holland..	35	8th day ditto	,, 13 to ,, 3	21	do.
Jer. Mahony	40	7th day ditto	,, 29 to ,, 10	12	do.[g]
Mary Crowley	24	6th wk of diarrhœa aft. fever	,, 29 to ,, 10	12	do.
Ellen Daly	10	5th week of dysentery, with prolapsus ani and extreme emaciation	,, 16 to 18...	2	Died.[h]
John Regan..... ...	44	6th day of dysentery	,, 14 to 19....	6	.....[i]
Tim. Donovan.....	55	4th week ditto	,, 16 to 20..	5	Died.[j]
Fanny Cotter	21	4th wk. of diarrhœa aft. fever	,, 29 to May 10	12	Cured.
Patrick Daly	36	5th day of dysentery	,, 19 to ,, 4	16	do.
Mary Daly	9	14th day ditto	,, 19 to ,, 4	16	do.
Mary Sullivan.....	3	2nd week ditto	,, 23 to ,, 8	16	do.
Mary Daly	14	6th week ditto	,, 16 to 24....	9	do.[k]
Murphy Shea	50	4th day ditto	May 1 to 6	6	do.

[a] This case was attended for some days with violent inflammatory fever.

[b] This child was a most frightful spectacle of emaciation through disease and starvation. She died in twelve hours after my first visit.

[c] This was a most wretched case. Having lost all her family by disease, in the country, near Bantry, she crawled into the town and lay for two or three weeks in a corner of a cabin, about ten feet square, and without a window, depending on the charity of those about her, almost as poor as herself. In the room where she lay there were four persons huddled together, part in fever and the rest in dysentery.

[d] Diarrhœa after fever was a most formidable disease amongst convalescents, and caused more deaths than even the original fever.

[e] The mortality amongst very old people during the epidemic was most enormous, recovery being rather the exception to the general rule, which, however, never prevented me from undertaking such. Several recoveries in very old people from fever and dysentery, may be seen in the reports.

[f] This case was attended with dropsy.

[g] This case was attended for four or five days with violent inflammatory fever.

[h] In this case the treatment could not have had a fair opportunity in two days.

[i] Treatment discontinued for disobedience of directions, &c.

[j] This case was reported (and with justice) in the town as being a death by actual starvation.

[k] After a lapse of five or six days she was again attacked by the dysentery, which proved fatal in six hours.

Name.	Age.	Period and Nature of Disease.	Duration of Treatment. Date.	No. of Days.	Result.
Tim. Burke	6	4th month of dysentery, with extreme emaciation and prolapsus ani	April 19 to 27	9	Died [l]
Judy M'Carthy	12	3rd day of dysentery	May 10 to 17 ...	8	Cured.
John Hussey	6	2nd week ditto	April 28 to May 8.	11	do.
Kitty M'Carthy	40	3rd week ditto	,, 28 to ,, 13	16	do.
Dennis Collins.....	16	7th day ditto	,, 24 to 27	3	Died.[m]
Mary Leary	15	3rd wk. of diarrhœa aft. fever	May 10 to 17	8	Cured [n]
Nugent Sullivan	7	14th day of dysentery, with prolapsus ani	April 15 to May 13	29	do.
Norry Downey.....	40	1st day of dysentery, followed by ileus.....	,, 16 to ,, 1	16	Died [o]
John Donovan.....	42	4th day of dysentery..... .	,, 30 to ,, 12	13	Cured.
Ellen M'Namara....	32	6th day ditto	,, 28 to ,, 16	19	do.
John Mahoney.....	4	3rd week ditto	,, 28 to ,, 12	15	do.
Kate Mahoney.....	8	3rd week ditto	,, 28 to ,, 12	15	do.
Pat. Hickey	8	4th week ditto	,, 22 to ,, 6	15	.... [p]
Jerry Roohan	4	3rd day ditto	May 12 to 17	6	Cured.
Dennis Harrington..	4	2nd week ditto	,, 20 to 28	9	do.
John Sullivan	4	2nd week ditto	,, 12 to 20	9	do.
Mary Minahan.....	4	3rd week ditto	April 17 to May 5	19	Much imp.
Con Minahan	5	2nd week ditto	,, 21 to ,, 10	20	do.
Mary Neal.....	7	8th week ditto	,, 28 to ,, 12	15	Cured.[q]
Kitty Casey	18	6th wk. of diarrhœa aft. fever	May 8 to 31	24	do.
Catherine Shehan ..	3	2nd week of dysentery	,, 15 to 23	9	do.
James Shehan.....	1	3rd week ditto	,, 20 to 31 ..	12	do.
Edmund Barry	48	6th day ditto	,, 12 to 27 ...	16	do.
John Baker	5	2nd week ditto	,, 1 to 14	14	do.
Kitty Burke.....	4	7th week of dysentery, with prolapsus ani	,, 1 to 14	14	do.
Kate Leary	64	7th day of dysentery.....	,, 28 to June 5	9	do.[r]
Kate M'Carthy	4	6th week ditto, with prolapsus ani	,, 1 to 14	14	Much imp.
Judy M'Carthy	2	10th day of dysentery.....	,, 1 to 16	16	Cured.
Michael Harrington.	22	3rd week ditto	,, 6 to June 10	36	Much imp.
James Harrington ..	20	7th day ditto	,, 6 to ,, 10	36	do.[s]
Mary Hickey	17	4th day ditto	,, 18 to ,, 5	19	Nearly well.[t]
John Kennedy.....	18	7th day ditto	,, 1 to ,, 10	41	Cured.
Horace Minahan....	4	8th day of diarrhœa aft. fever	,, 12 to ,, 8	27	Nearly well.[u]
Mary Minahan	21	6th day of dysentery	,, 13 to ,, 4	22	Cured.
Tim. M'Carthy.....	50	10th day ditto	,, 8 to 29	22	Died.[v]
Mary M'Carthy	32	6th day ditto	,, 25 to June 6	12	Cured.[w]
Catherine Carty	7	4th week ditto	,, 18 to ,, 3	16	do.
John Carty	3	10th day ditto	,, 16 to ,, 9	24	Much imp.
Dennis Hoolahan....	5	2nd week ditto	,, 24 to ,, 10	17	do.[x]

[l] The last of seven brothers, who all died of dysentery in a few months.

[m] Of all my sad experience in dysentery, this case was the most severe and the most rapid in its progress.

[n] This case was complicated with prolapsus ani.

[o] She was convalescent and out of bed for four or five days, when a sudden return of the disease proved fatal in eight hours (during my absence from Bantry).

[p] Treatment discontinued on account of the unavoidable use of improper food.

[q] This case was attended with severe inflammatory fever for several days.

[r] This old woman was very feeble and reduced by want of sufficient or proper food.

[s] In these two cases the disease was kept up for a long time by the use of improper food.

[t] In this case, distortion of the bones took place from want of muscular support, owing to her long continued want of food, causing emaciation. She was the child of a mendicant.

[u] This was a very severe case and attended with prolapsus ani.

[v] This poor man had been almost starved in the country, and as a last resource took refuge in the town, when his strength was almost gone, and he was therefore unable to work.

[w] The wife of the last patient.

[x] This boy was deaf and dumb.

TESTIMONIALS REGARDING IRISH MISSION.

From the Rev. John Murphy, Vicar of Bantry, to Mr Kidd.

Glebe House, Bantry.
June 20, 1847.

My Dear Sir,

I heard with very great regret of your departure from Bantry, and I cannot permit it to take place without expressing my sense of the highly valuable services rendered by you, during a residence of more than two months, to hundreds of our poor suffering people. The system of medical treatment pursued by you was eminently successful in arresting the progress of the diseases most prevalent—fever and dysentery, and in quickly restoring the patients to health.

I am sure it will give you pleasure to learn that the blessing of many a poor man who was ready to perish follows you in your departure.

Wishing you abundant success in your profession, and the best blessing both in time and eternity,

I am, my Dear Sir, yours very faithfully,
John Murphy,
Vicar of Bantry.

From the Rev. Thomas P. Morgan, Curate of Glengariff, near Bantry.

My Dear Sir,

The Relief Committee at Bantry, I was happy to hear, were too sensible of the benefit the poor of the town and the surrounding neighbourhood derived from your unceasing exertions among them, to allow any length of time to elapse after your departure, without returning you a vote of thanks for the important services you rendered them; and I cannot allow the present opportunity to pass without adding my humble testimony to theirs.

Considering the extent of disease at the time you came, and the want of medical assistance, (owing to the illness of one of the principal physicians,) I really look on your visit as a most providential one. Of the success of your system of treatment, although an incompetent judge, I cannot but express what came within my

own individual experience, when I so frequently saw the course you pursued to restore your patients in the space of a few days to their usual health—requiring only proper diet, to complete what you had commenced.

To my own testimony of your success, I must also add that of Mr. Murphy, who attended you so often in your walks from house to house, and possessed so many opportunities of witnessing the results of your treatment.

The united expressions of every one in Bantry, and the grateful feelings of those to whom your exertions were devoted, prove how highly they were estimated, but still only in proportion to their claims. Bantry, indeed, has every reason to recollect with gratitude your skilful and benevolent exertions:

Believe me, &c.

Thomas P. Morgan.

From the Rev. Alexander Hallowell, Curate of Bantry.

My Dear Sir, Bantry, August 9, 1847.

You must excuse me for not having sooner answered your letter, inquiring about the state of disease in Bantry. You will be happy to learn that fever is much on the decrease, and that the people generally look much better than when you were in Bantry. The poor are, I assure you, most grateful to you for your kind attentions, and speak most highly of your skilful and successful treatment. In many a cabin your name is mentioned with affectionate respect, and many have expressed to me their regret at your departure.

I think it but just to add my testimony to theirs, and, as one much conversant with the sick poor, and interested in their behalf, to thank you for your zealous and unremitting labours during a very trying period.

I trust it will never be yours again to witness so much destitution and sickness combined; and I would presage a happy and successful professional career to you, from the tenderness and skill evinced by you when those qualities were so much required.

Believe me, &c.,

Alexander Hallowell,

Curate of Bantry.

RESOLUTION.

Committee-Rooms,
Bantry, June 29, 1847.

SIR,

I am happy to inform you that the thanks of the Bantry Relief Committee were voted to you at their Meeting yesterday, June 28. Having been directed to express their sense of the value of your professional services here during a period of unexampled sickness and destitution, I beg to subjoin a copy of the resolution. It will give you pleasure to perceive that it was proposed by the Rev. Mr. MURPHY, Protestant Rector, and seconded by the Rev. Mr. BEGLEY, acting P.P., Bantry.

I have the honour to be, SIR,
Your most obedient servant,
WILLIAM WOULFE, *Clerk.*

JOSEPH KIDD, ESQ.

Copy of a Resolution passed at a Meeting of the Bantry Relief Committee, on June 28, J. W PAYNE, ESQ., *in the Chair.*

Proposed by the Rev. Mr. MURPHY—Seconded by the Rev. Mr. BEGLEY.

That the thanks of this Committee are due to JOSEPH KIDD, ESQ., M.R.C.S., for his assiduous and kind attention to the sick poor of Bantry, during his sojourn amongst us; and that, having heard with regret of his departure, we direct the clerk to convey to that gentleman this expression of our sense of his services while in Bantry.

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